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CLINICAL LECTURES,

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BY

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HYPERTROPHY OF THE HEART.—DROPSY.—CONGESTIVE BRONCHITIS.—SPURIOUS EMPHYSEMA.—CIRRHOSIS.—GRANULAR KIDNEY.

GENTLEMEN:—I have to lay before you today the history of the case of John Davis, admitted with extensive disease of the heart, anasarca, and bronchitis. This patient had been under our care rather more than a fortnight, and, hopeless as his case was deemed by us, died suddenly, as not infrequently happens in such cases, without any very obvious aggravation of the symptoms.

The *post-mortem* examination of the body has furnished us with a number of very interesting examples of pathological alterations in several organs. The heart, the principal and primary seat of the disease, has afforded an example of hypertrophy of great extent, uncomplicated with valvular disease, endocarditis, or pericarditis. The lungs furnish another among the many examples which we have already met with of the congestive form of bronchitis; and of that form of pulmonary emphysema to which I have on several occasions directed your attention, as accompanying this complication, but which I have said is not the emphysema of Laennec and other authors. It ought not be called emphysema, as it is not accompanied by dilatation of the air-cells, a circumstance which constitutes the essential physical character of vesicular emphysema. It consists simply in *inflation* of the lung, from the gradual accumulation and retention of the inspired air; in congestive and other forms of bronchitis, caused by the presence of the inspissated bronchial secretion; the swollen state of the bronchial mucous membrane; and, probably, by a modified condition of the vital contractility of the lung itself.

The liver and kidneys, also, in this patient, have presented us with specimens of morbid appearances with which few are familiar, and which, consequently, are either overlooked, or so imperfectly or inaccurately described, as not to be made available to the practical or scientific study of medicine. I shall read you the history of the case, and a description of the post-mortem appearances, before offering you any further remarks.

John Davis, aged 33; admitted 15th May; naturally of slight conformation; sanguine temperament; a carpenter, married, and has a family of seven children; of very intemperate habits, being addicted to spirit-drinking for two or three years before his last illness. His relations on his father's side, and his sister, are stated to have died of consumption.

Healthy until the age of 19, when he had spitting of blood, brought on by carrying heavy pieces of timber; it occurred to a great extent, and was preceded by violent coughing. He was then confined to his bed for three months, and was subjected to active depletion. He afterwards recovered; a slight cough and dyspnœa remained; and the spitting of blood recurred, to a slight extent, on any strong exertion. Four or five years ago had spitting of blood, but not to the same degree as on the first attack, and was again bled, and completely recovered. Had gout on several occasions two or three years ago.

Last September twelvemonth he caught cold from exposure while heated, followed by cough and copious expectoration, sometimes streaked with blood; and had also tightness of the chest and dyspnœa. Was again bled, and employed other depletive measures for three months, which reduced him much in flesh and strength. Has had frequent recurrence of the cough and dyspnœa on exposure to cold; health best during the summer. At the end of September had violent headach during the day, the pain constantly shifting to all parts of the head and face. On recovering from this, at the end of three weeks, was again affected with great dyspnœa and slight cough, increased on the slightest exertion. Was

under medical treatment, during which he used a bath of hot brine for his feet, to which he attributed the swelling of these and of the ankles, which appeared the following morning. The œdema gradually extended up the legs; these were punctured in various places, from which a quantity of fluid has been continually oozing, but without any reduction of the size of the limbs. The œdema is attended with great tenderness and burning heat of the skin, tingling, and a feeling of tension; it has gradually extended along the thighs and abdomen.

Present symptoms.—Skin hot and dry; feet cold by day, hot at night; ascites; œdema of feet, legs, and parietes of abdomen. The former feel very tense, and pit deeply on pressure; the skin is of a pale, waxy aspect; excoriation of the legs from the discharge from the punctures; countenance anxious and pale; dimness of sight; hoarseness from recent cold; breathing short, and affected by slight exertion; orthopnœa; slight cough and expectoration of a muco-purulent matter.

Physical signs.—Impulse of heart too strong and too extended; bellows-sounds at base of heart, first slight, second louder; a trace of morbid sound at apex, with first sound.

Respiration anteriorly puerile, and slightly sonorous in upper part of right lung; slightly mucous and feeble inferiorly; large muco-crepitant rattle all over anterior part of left lung; posteriorly, respiration in right lung distinct near the vertebral column, about the middle of the back, in the rest of the lung very feeble (almost wanting), and slightly sonorous; and a little mucous inferiorly; left lung, muco-crepitant rattle to the bottom; percussion dull, over a large extent, in cardiac region transversely, over a less extent perpendicularly; clear in both lungs anteriorly, but clearer in the right lung than in the left; posteriorly duller in the lower third on both sides; clear in the upper two-thirds; dulness over a less extent than usual in the region of the liver; the left side of the chest appears smaller than the right; pulse 90; tongue clean and moist; appetite good; diarrhœa with tenesmus immediately after taking food; urine scanty, and high-coloured and scalding; hæmorrhoids, and occasional discharge of blood.

The diagnosis in this case was not difficult; the physical signs of hypertrophy of the heart were conspicuous, and the morbid sounds heard in the region of this organ rendered it probable that it was complicated with valvular disease. The anasarca and ascites were the obvious consequences of the obstacle to the venous circulation, and partly of the state of the lungs, in which we had bronchitis and spurious emphysema, as dependent on the diseased state of the central organ of the circulation. The extent of the primary disease, and its grave complications, rendered the prognosis extremely unfavourable, and afforded a slight chance of success to any means of treatment that we might employ. The free state of the bowels, and the suffering he experienced from hæmorrhoids, prevented us from having recourse to drastic purgatives, and induced us to place our chief reliance on diuretics; he was, therefore, ordered the following diuretic medicines:—

15.—*Tinct. digitalis*, ten minims;
Tincture of squills, twenty minims;
Nitrous spirit of ether, one drachm;
Solution of iodide of potassium, twenty-five minims;
Peppermint-water, one ounce and a half; every six hours.—Middle diet.

17. Urine rather increased in quantity, and pale; specific gravity, 1010, acid reaction and albuminous.

18. Ordered common diet and meat daily.

20. Complains of great thirst.—Soda water, an ounce and a half, occasionally.

21. Solution of iodide of potassium to be increased to thirty-five minims.

22. Less fever, but complains of flatulence.—Half a pint of milk daily; the soda water to be omitted.

23. Dyspnœa rather increased, and complains of palpitation on the least exertion.

24. Better, but still very weak; pulse quick.—A lotion of decoction of bark and tincture of opium for the hæmorrhoids.

25. Better, but the cough is increased at night; complains of sickness and flatulence after food; bowels relaxed, and stools watery; urine less in quantity.—Solution of iodide of potassium increased to forty-five minims, and to have,—
Extract of henbane, three grains;
Compound powder of ipecacuanha, five grains;
Calomel, two grains; every night.

27. Great anxiety of countenance, and tremor of the upper extremities; extreme debility; the cough and dyspnœa increased without the power to expectorate; pulse weak and slow.

28. Early in the morning he complained of faintness and vertigo, and immediately after died.

Examination of the Body 26 hours after Death.

External Appearance of the Body.—Considerable œdema of the feet, legs, and thighs, and also of the penis and scrotum. Abdomen, large, globular, tympanitic, except posteriorly, where the sound on percussion is dull, accompanied with slight fluctuation.

Chest.—The chest was first examined, in order to ascertain more correctly the relative position of the contained organs, which

would have been altered by previously opening the abdomen and allowing the escape of the effused fluid, together with the removal of the viscera.

On removing the anterior walls of the chest the right lung was found in a state of full inflation; the left was much less distended, did not project forward like the right, and adhered intimately to the mediastinum, costal pleura, from the summit of the lung, down to about the fifth or sixth rib, and also to the pericardium and a portion of the diaphragm, by means of old, pale, cellular adhesions, some portions of which were in a fibro-cartilaginous state, where they united the upper lobe of the lung with the costal pleura. That portion of the pleural cavity on this, the left side, where there were no adhesions, contained about a pint of clear serosity. The right pleural cavity, the pulmonary and costal pleura of which were perfectly free and healthy, contained fully a pint and a half of a similar fluid.

The right lung, after its removal from the chest, and when held up in the hand, retained the same bulk which it presented when the chest was laid open. It felt extremely light, when compared with its great bulk,—did not present the dark venous colour of congestion, even posteriorly; and along the whole of its anterior margin was very pale, being, in this portion of its extent, much less vascular than natural. This portion of it, also, but particularly inferiorly, felt, when pressed, quite cottony, and yielded but very little crepitus. The greater part of the lung communicated a similar sensation, but in a less degree. No part of it, even the posterior and depending portions, could be said to be congested; nor was there even the usual œdematous state of these latter parts. The anterior, paler, and most inflated portions, contained, indeed, less moisture than in the natural state Nowhere was there any trace of emphysema; I mean to say, no trace of dilatation of the vesicular structure of the lung was to be detected. The left lung, separated from its adhesions and removed, did not appear more than half the size of the right. It did not communicate the same cottony feel when pressed, and was slightly congested posteriorly.

The inferior portion of the trachea, and the bronchial tubes of the right lung, contained a large quantity of muco-puriform fluid, and the mucous membrane was greatly congested, and of a livid red colour. The bronchi of the left lung contained, also, a quantity of secreted fluid, chiefly of inspissated mucus, but was not congested.

Two or three of the bronchial glands on the left side contained a large quantity of cretaceous matter.

The pericardium contained between four and five ounces of clear serosity. The heart, at least double the natural size, occupied, transversely, a proportionate extent of the left side of the chest. It presented, on its external surface, at the apex, an opaline spot, about an inch and a half in breadth, presenting a rather rough surface; and a spot of a similar nature at the base of the heart, occupying a portion of the right ventricle and auricle, but double the extent of the other, and presenting a rougher and more unequal surface. The enlargement of the heart depended chiefly on hypertrophy of the left ventricle. The walls of this cavity, very firm, and paler than natural, were an inch in thickness towards the base of the heart, and at least half an inch at the apex; the cavity of the ventricle being enlarged, but not in proportion to the hypertrophy of the walls. The auricle on this side, not more capacious than natural, was, in some points, double the natural thickness. The left ventricle was rather large, its walls slightly hypertrophied; the musculi pectinati of the right auricle were largely developed, as well as the columnæ carneæ of the right ventricle; and the septum ventriculi thickened in proportion to the walls of the left ventricle. All the valves might be said to be perfectly healthy. The only preternatural appearance observed was a slight enlargement and hardness of the corpus aurantii of one of the sigmoid valves of the aorta. The endocardium was generally of its natural colour and transparency, except in some points of the mitral valve, at its base.

The right ventricle and auricle contained a large, flattened, rather solid, coagulum, consisting more of fibrine than blood. It passed from the auricle into the ventricle, and from the latter into the pulmonary artery, its two great, and several of its subdivisions. It adhered, or, rather, was firmly entangled between the musculi pectinati, the chordæ tendinæ and smaller columnæ carneæ. In the left ventricle and auricle the coagulum was much smaller, and composed chiefly of dark blood, partly fluid.

Abdomen.—Intestines greatly distended with air. Between two and three pints of clear serosity in the depending part of the cavity. Stomach, duodenum, and jejunum, contained a considerable quantity of the mucous secretion mixed with bright, yellow-coloured bile; the cœcum and transverse arch of the colon, a large quantity of semi-liquid fæcal matter of the same colour.

The mucous membrane of the stomach presented in several points, and particularly where it formed rugæ, a punctiform redness. The mucous membrane of the duodenum was almost entirely of a deep and somewhat punctiform redness, and considerably thickened, and presented a round ulcer, about the size of a silver sixpenny-piece, midway between the pylorus and the orifice of the common bile-duct. The mucous

membrane of the cœcum also presented a similar red colour, but much less in degree, and not general. In other portions of the intestine the mucous membrane did not present any preternatural appearance, except some congestion from depending position. The liver, the convex surface of which was on a level with the sixth rib, and adhered intimately to the diaphragm, presented externally the peculiar physical characters of cirrhosis. It was diminished in size, particularly the left lobe, and a number of flattened spheroidal bodies projected from its surface. These were of different sizes; varying from the size of a hemp-seed to that of a small split pea, and were much more numerous and conspicuous in some parts than in others. The liver felt harder than natural, and was of a dull, greyish-red colour. The whole of the interior of the organ presented the lobulated or tuberiform arrangement observed in the first stage of cirrhosis. The acini were grouped together in masses of various sizes, as seen on the exterior surface of the organ, and were separated from each other by a cellulo-fibrous tissue; and these, again, were divided into smaller ones by prolongations of the same tissue. The quantity of this tissue was greatest between the larger masses, and gradually diminished in their subdivisions amongst the acini. Its presence was, therefore, most conspicuous in the former situations, as a tissue foreign to the healthy structure of the liver, and distinguishable from it as well by its colour as its form and distribution. I shall take an early opportunity of pointing out to you the nature of this tissue, the manner in which it gives rise to the peculiar appearance of the liver named cirrhosis, the influence which it exercises on the portal circulation, and in the production of ascites. The spleen was considerably increased in bulk, probably twice the natural size. Both kidneys were small, slightly lobulated, very firm, and their proper covering opaque, thickened, and obscuring entirely the colour of the cortical substance, seen beneath in the natural state. When divided by a longitudinal section the cortical substance appeared rather pale, slightly granulated towards the circumference; and the tubular portion congested, accompanied by an indistinct appearance of its structure. On removing the serous covering of these organs the granular appearance alluded to was much more marked, and was seen to be produced by closely-grouped, round bodies, of a whitish-grey colour, varying from the size of a mere point to that of a millet-seed. These were more closely set in some points than in others, and were rendered more apparent by the reddish-brown and somewhat vascular, unaffected, surrounding cortical substance. There were, likewise, a number of very small serous cysts, occupying, here and there, the external surface of both kidneys. The urinary bladder was healthy. The cellular tissue of the limbs presented, when cut into, the usual appearance found in mechanical œdema of this tissue. The brain was not examined.

With regard to these morbid alterations found after death, and the signs and symptoms by means of which we were enabled to detect their existence during life, it is necessary that I should make a few observations. The essential morbid condition of the heart was fully established, viz. that of great hypertrophy. The morbid sounds heard, and which were thought to depend, most probably, on valvular disease, were certainly produced by some other morbid condition of the heart, inasmuch as all the valves were found remarkably healthy. The rough patches observed on the surface of the heart were the only physical conditions which we met with likely to have occasioned them; and as they were situated in the regions of the heart where these sounds were heard, were, I am disposed to believe, the cause of them.

The morbid appearances found in the lungs, also corresponded with the physical signs which I have described. There was bronchitis, and there was spurious emphysema, or inflation of the right lung, marked by the clearer sound on percussion, and more fulness of the chest on this than on the opposite side. There was, however, hydrothorax to a limited extent, and which, though indicated by dulness on percussion, was not named as depending on this state. The ascites was, of course, easily detected, although limited in extent; and, from the sound on percussion on the right side being clearer lower down than usual, although this might have depended on the inflated state of the lung, I thought it probable that there might be cirrhosis of the liver, a probability which was greatly increased by the intemperate habits of the patient. As the disease of the heart accounted fully for the ascites and anasarca, and as a coagulable state of the urine, with a low specific gravity, exists in dropsy of this nature, without disease of the kidneys, the pathological condition of these organs did not form an element in the diagnosis of this case. These organs, however, presented a marked example of the early stage of the granular kidney originally described by Dr. Bright.

The sudden cause of death in this case cannot excite your surprise when you reflect on the extent and quantity of the thoracic disease. The function of respiration ceased to be accomplished under a combination of causes. First, the accumulation of air, and the permanent inflation, particularly of the right lung, in the manner I have described; secondly, the obstacle caused by this to the circulation of the blood through the lungs, —still more increased by, thirdly, the hydrothorax; and, lastly, the coagulation of the

blood in the right side of the heart, which I am disposed to believe, from the appearance of the coagula, and the circumstances in which it occurred, took place previous to, and might have been the immediate cause of, death.

Before concluding, I may advert to the hæmoptysis which this patient experienced at an early period of his life, and which recurred on two or three occasions, at rather remote periods. The first and most severe attack followed violent muscular efforts in carrying heavy pieces of timber, and I am disposed to believe depended on bronchial, not pulmonary, hæmorrhage, or pulmonary apoplexy, as it is called. It is, also, equally probable that its occurrence was favoured, or that the predisposition existed, in consequence of previous disease of the heart. For hypertrophy of this organ is a frequent cause of hæmoptysis, particularly under the influence of the exciting causes which were in operation in this patient when it first occurred. Its subsequent occurrence obviously supervened on congestive bronchitis, of which he had several attacks, brought on by exposure to cold, and still more by the intemperate habits of the patient. That these, also, were complicated, on one occasion, with pleuritis, was shown by the old and dense cellular adhesions which existed so extensively on the left side of the chest. Lastly, I may remark that, in the history of the case of this patient, it is stated he lost several of his relations on his father's side, and his sister, from consumption. We did not find in the lungs any trace of tuberculous matter, or other alterations, dependent upon it, to afford us any evidence that he had had tubercular phthisis at an early period of life, at the age of 19, the period at which the hæmoptysis first took place, and to the presence of which the occurrence of the hæmorrhage might have been ascribed. We found, however, evidence of tubercular disease having been present at a remote period in the bronchial glands. Several of these, situated along the course of the left bronchus, were completely filled with a hard, cretaceous-looking matter, such as is frequently met with in those who die of scrofulous disease of these and other organs of the body, and of tubercular phthisis. If the morbid condition which I have noticed was the consequence of scrofula, it is an example, among many which I have met with, of the curability of the disease, when confined to the lymphatic glands, established by the most unequivocal of all evidence,—that afforded by an examination of the affected parts after death.

CASES OF

CONGENITAL LUXATIONS

OF THE

UPPER EXTREMITY OF THE HUMERUS.

By ROBERT WILLIAM SMITH, *Lecturer on Surgery at the Richmond Hospital School of Medicine.*

THE following cases, which we extract from a late number of the "Dublin Journal," are examples of a condition of the shoulder-joint, which, so far as we know, has not hitherto been described by authors. Congenital luxation of the head of the humerus presents two varieties, which Mr. Smith distinguishes into the *subcoracoid* and *subacromial*; of the former species he has seen three examples, of the latter but one.

CONGENITAL SUBCORACOID LUXATION.

CASE 1.—The first case of original luxation of the head of the humerus was that of Alexander Steele, about twenty years of age; he has been an inmate of the House of Industry, Dublin, for the last four years. He presents an example of congenital displacement of the left shoulder-joint, and upon the same side a specimen of that variety of club-foot termed pes equinus: he does not remember having ever met with any injury of the shoulder; the present condition of the joint has existed from the earliest period of his recollection. The muscles of the shoulder and arm are wasted to a remarkable degree, the circumference of the centre of the arm being three inches and a half less than that of the opposite side; the atrophy has likewise extended to the muscles which pass from the side of the chest to the humerus and scapula, so much so, that the left side of the thorax, measured from the centre of the sternum to a corresponding point posteriorly, is one inch and a half less in circumference than the opposite side of the chest; the trapezius muscle, though not so fully developed as its fellow, still is not wasted to such a degree as the other muscles of the limb; it is the principal muscle which moves the scapula; indeed, it appears to be almost the only one capable of acting upon that bone; the left humerus is nearly half an inch shorter than the right.

The motions of the arm are extremely limited; as it hangs by his side he can merely swing it backwards and forwards, and even in this motion the scapula largely participates; he cannot abduct it in the least, or raise it in any direction; neither can it be abducted by another so far as to bring it to the horizontal line; in the scapula, however, there is a compensatory motion that is very striking; it moves with every motion of the arm; or, perhaps, it

would be more correct to say, that the arm follows every motion of the scapula, as the muscles of the former appear to be quite passive, while the trapezius acts strongly upon the latter; indeed so great is the mobility of the scapula, and so relaxed are its muscles, that when both elbows are pressed upwards simultaneously, and with equal force, the left shoulder can be made to rise between three and four inches above the right. Although the muscles of the forearm are not wasted to such a degree as those of the arm, still great difficulty (owing apparently to the atrophied condition of the biceps), is experienced in flexing the elbow-joint, so as to bring the forearm even to a right angle with the arm; and the means by which the patient does effect it are remarkable: the elevation is not performed gradually, but with a sudden jerk, in which the scapula is also raised considerably, and the arm applied to the side; and sometimes the body is also inclined to the opposite side, and the elbow supported upon the crest of the ileum. The head of the humerus can easily be pressed inwards, so as to allow of the finger being placed in the outer part of the glenoid cavity, and when the bone is pressed outwards towards the acromion, the remainder of the socket can be felt, situated apparently upon a plane posterior to the outer portion; the head of the humerus presents nearly its natural form, as far as can be ascertained by an external examination; the left acromio-clavicular articulation appears to enjoy an unusual degree of motion.

The shoulder has not the rounded form which is natural to it, yet still does not present the flattened appearance which marks the accidental luxation of this joint. The acromion process is prominent, and when the arm hangs by the side, the head of the humerus, distinct and prominent, is so far removed from the under surface of the acromion, that the thumb can easily be placed between them; by raising the elbow this appearance is altogether removed, and the joint assumes more of its natural form, still, however, wanting the rotundity and plumpness derived from a proper development of its muscles.

CONGENITAL SUBCORACOID LUXATION.

Case 2.—Upon the morning of the 3rd of April, 1839, I visited Mr. H——, æt. 20, whose left shoulder-joint presents an example of congenital dislocation under the coracoid process; the appearances are so precisely similar to those detailed in the preceding case, that a full description of them would be useless repetition; it will be sufficient to enumerate a few of the leading characters of the deformity. As the arm hangs by the side, the head of the humerus lies under the coracoid process, and the outer part of the glenoid cavity can be felt beneath the prominent acromion; when the elbow is drawn forwards across the chest, the head of the humerus passes backwards beneath the acromion, vacating completely the abnormal portion of the socket, which can then be plainly felt; the muscles of the shoulder and arm are much wasted, but, as in the case of Steele, the trapezius appears to be as well developed as its fellow of the opposite side; the motions of the arm are very limited; he cannot raise or abduct it, and the motions backwards and forwards are almost the only ones enjoyed; even these are not performed without corresponding movements of the scapula; the deformity has existed since his birth, but became more obvious and striking as he increased in age and stature. For the opportunity of examining this case I am indebted to Mr. Adams.

SYMMETRICAL SUBACROMIAL LUXATIONS.—CONGENITAL.

Case III.—A woman named Judith Tracy Doyle, ætat. 42, a lunatic, died on the 8th of last February, in the House of Industry; she had been a patient in the lunatic department of the institution for fifteen years; she was subject to severe epileptic convulsions, in one of which she died. Upon the day following her death I made an examination of the body; the brain presented the appearances so frequently observed in idiots, and so accurately delineated by Cruveilheir; the convolutions of the cerebrum were small and wasted, and the anterior lobes were separated from the frontal bone by an interval of at least three quarters of an inch. When the clothes were removed from the body I noticed (as did also Mr. Brabazon, who assisted in making the examination) a very singular, and to me, at least, a most unusual appearance of the left shoulder-joint, which, as the body was placed, first caught my eye; the head of the humerus seemed to have been dislocated upon the dorsum of the scapula; but finding that the opposite joint presented a precisely similar appearance, and reflecting upon the very rare occurrence of such an accident, I abandoned this idea, and expressed my opinion at the time, that we had got an example of double *congenital* luxation of the head of the humerus upon the dorsum of the scapula; so perfectly alike were the shoulders, that the description of one will be sufficient.

The coracoid process formed a very remarkable projection, and the acromion was unusually prominent, but still the glenoid cavity could not be felt beneath it; the head of the humerus formed a distinct tumour towards the dorsal surface of the scapula, beneath and behind the summit of the acromion, and closely applied to its inferior surface: the arm was not removed from the side, and the forearm was rotated inwards. Upon examining the interior of the joint, I

found that there was no trace of a glenoid cavity in the usual situation, but there was a well-formed socket, surrounded by a glenoid ligament, upon the outer surface of the neck of the scapula; broader above than below, and reaching upwards close to the under surface of the acromion; the tendon of the biceps, perfect throughout, adhered to the upper and inner part of its circumference: the aspect of this abnormal cavity was directed forwards and outwards. The head of the humerus presented the same oval form, with this difference, however, that in the latter case, as already described, the oval form was due to the deficiency of the posterior part of the head, while, in the case of Doyle, it was the anterior portion which was wanting; the lesser tubercle formed a very remarkable projection,—it was elongated and curved, so as to bear considerable resemblance to the coracoid process of the scapula.

REMARKS.

On the foregoing cases Mr. Smith remarks:—It will be asked, why I consider these cases to present examples of congenital malformation, rather than the consequence of disease or accident? Many circumstances, and much reflection, have induced me to form this opinion. With respect to the first case, that of Steele, it is easy to prove that in his shoulder-joint we have an undoubted specimen of congenital luxation; the boy who is the subject of it never met with any accident, never received any injury of the joint, and it is well known that the condition of the joint which I have described has existed from his infancy, and that the articulation has never been the seat of pain, inflammatory action, or disease of any description: moreover the coexistence of a pes equinus would seem, in some measure, to confirm my opinion as to the nature of the affection of the shoulder.

The symptoms and appearances which have been described by more than one writer, as belonging to an accident termed *partial luxation of the head of the os humeri*, resemble very much those which present themselves in cases of *congenital dislocation* of the same bone, and I feel convinced that examples of the latter have been published under the title of partial luxation; and were it not foreign to the subject of my communication, I could easily show, that the same appellation has been given to a condition of the joint which is obviously the consequence of rheumatic disease.

I should think it scarcely necessary to occupy the time of the reader in attempting to prove that these joints presented examples of congenital luxations of the head of the humerus upon the dorsum of the scapula: the total want of a glenoid cavity in the natural situation, the perfect resemblance between the two abnormal sockets, in form, size, and position; the integrity of the tendons and ligaments, the singular form of the head of the humerus, all confirm this idea. I might also add the very rare occurrence of such an accident as dislocation upon the dorsum of the scapula; few, comparatively speaking, have seen it, and who has witnessed its occurrence in both shoulders of the same person? Sir A. Cooper mentions that he had met with only two examples of luxation backwards of the humerus in the course of eight and thirty years; and of such rare occurrence did the Baron Boyer think the injury, that to admit of its taking place he supposed there must exist some malformation of the articular surface.

This, as far as I have been able to ascertain, is the only allusion made by any writer to the deficiency of a portion of the glenoid cavity, as a cause of luxation of the head of the humerus.

Whether the dislocation upon the dorsum of the scapula be the result of accident, or the consequence of an original malformation of the glenoid cavity, the external characters of the affection are, as we might expect, similar in both cases; this will be apparent from the following brief examination of the appearances which I observed in the case of Judith Doyle. The transverse diameter of the shoulder, measured from the centre of the clavicle to the head of the humerus, was obviously greater than natural; the exact amount of increase, of course, could not in this case be ascertained, as both shoulders were similarly altered. Still, however, the distance between the two points that I have mentioned struck me at once as being greater than natural; indeed, it is a necessary consequence of the altered position of the head of the humerus. The acromion process did not project so much as it does in the other luxations of the shoulder, neither was the rounded form of the latter as much altered; the flattening was confined altogether to the anterior part of the joint; and what was lost in this direction was gained externally and posteriorly,

where a round, firm tumour indicated plainly the situation of the head of the bone. In the other luxations of the shoulder there is no remarkable projection of the coracoid process; it is in a measure obscured by the head of the humerus; but in the case we are considering, nothing could be more striking than the prominence formed by that process, owing, no doubt, to the removal of the head of the humerus from its vicinity. This is a symptom belonging to dislocation upon the dorsum of the scapula, that appears to have escaped the notice of British surgeons, although more than one of the continental writers have enumerated it; it was, I believe, first mentioned by Manne, of Toulon, afterwards by Sedillot, and very lately it has been much dwelt upon by Lepelletier. The arm was directed obliquely downwards and inwards, the elbow approximated to the side, and the hand and forearm in a state of pronation.

Such is a brief but accurate statement of the facts which I have observed relating to congenital luxations of the articulation of the shoulder. Our knowledge of these remarkable affections must, of course, be considered as still incomplete; we want a more extended series of observations; a larger number of cases must be grouped together to enable us to give a full and complete history of congenital dislocations of the shoulder.—*Abridged from the Dublin Journal, May*, 1839.

CASES OF HERNIA CEREBRI,

WITH REMARKS.

By G. MALLETT, *Esq., Surgeon, Bolton.*

JOHN ISHERWOOD, æt. 36, received, while standing at the bottom of a coal-pit, a wound upon the forehead, from the falling of a piece of coal from the mouth of the pit. The scalp was much lacerated and contused, and the os frontis shattered near its most central point, but rather inclining to the left side. Many fragments of bone and coal had penetrated the brain, and about three or four teaspoonfuls of its substance were found lying upon the hair and face; there was no stupor or paralysis, neither did there appear to be that nervous shock or disturbance to the constitution which might have been expected to have occurred from such an injury. The wound was cleaned, and several small pieces of coal and twelve fragments of the frontal bone were removed from the brain, having penetrated its substance more or less deeply. One of the portions of coal, measuring an inch in length and half as much in breadth, was found resting upon the floor of the left orbitary plate. The pulse being about the natural standard, no bleeding seemed requisite; quiet, abstinence, and aperients, when necessary, were directed. Nothing particular occurred till the tenth day, when a small hernia cerebri began to make its appearance, which increased till it had attained the size of a large walnut; it then remained stationary until various small portions of the inner table of the cranium had exfoliated, and then, assisted by slight pressure, it gradually disappeared, and the man completely recovered. He resumed his occupation, that of a collier, as well as the practising a variety of Merry-Andrew tricks, such as standing upon his head, tumbling, &c. He died five or six years afterwards from apoplexy.

Abraham Johnson, æt. 6, received a kick from a donkey, producing a compound fracture of the occipital bone; a considerable portion of it was depressed into the brain, and a small fragment disconnected from the rest of the bone; the former was elevated, the latter removed. The case did well without any untoward symptom.

J. Bates, æt. 18, when in a coal-pit, was struck upon the head by a lump of coal falling from the roof of the mine. It produced a compound fracture about the centre of the sagittal suture. Some small pieces of bone which had been driven into the substance of the brain were removed. In eight days a little elevation or growth from the brain appeared, which continued about a week, when a small piece of coal was discharged, about the size of a pea. The rising then gradually disappeared by the sole application of lint, wetted with very diluted nitric acid. No unpleasant effects remained as the result of the accident.

J. D., æt. 4, was playing in the middle of a public road, and not hearing the approach of a cart and horse, was knocked down by the latter, and then trod upon by its fore feet. The upper and central part of the frontal bone was driven into the brain, and two or three spoonfuls of it were spattered upon the face and hair. One side, the left, was completely paralysed, and the thigh-bone of the same side broken about the junction of its upper third. The broken and loose portions of the frontal bone were removed, and the wound dressed lightly. In about a week hernia cerebri made its appearance, which, in spite of pressure and various local applications, gradually increased till it had gained the size of a large duck's egg; it then remained stationary for a fortnight, when I determined to remove it by means of the knife. The operation was performed in a few seconds, and apparently without the little patient being sensible of any pain. The wound was then accurately examined,

and I found a spicula of bone projecting from the inner tablet of the skull; it was removed, and the wound was completely cicatrised in about six weeks. After the operation there was again a slight inclination to rise up, but the application of lint, and nitric acid, much diluted, soon reduced it to its proper level. The paralysis gradually disappeared, but a slight lameness still remains, and whether that is owing to a remnant of the paralytic affection, or to the not very exact union of the fractured femur, it is difficult to say.

William Howcroft, æt. 12, received a severe injury from the falling of a piece of coal from the mouth of a coal-pit, at the bottom of which he was standing; the scalp upon the upper part of the forehead was extensively lacerated, and a circular portion of bone, partly from the upper part of the os frontis, and from the anterior angles of the two parietal bones, about an inch and a half in diameter, was driven into the brain to the depth of at least three quarters of an inch. The patient was sensible, but the right side was completely paralysed, and the sight of the right eye nearly gone, the pupil being much dilated. The fractured and loose portions of bone were taken away, the wound simply dressed, and slight pressure made upon it by means of a bandage. For several days nothing worthy of note occurred; the pulse continued about the natural standard, there was no fever, no delirium, and a little medicine caused the bowels regularly to evacuate their contents. At the expiration of a week a rising from the substance of the brain was observed, which resisted all our efforts and applications to restrain, till it had increased to the enormous magnitude of being in its long diameter, which was from the frontal to the occipital part of the head, six inches, laterally it measured three inches and a half, and in elevation it was two inches and a half. After trying, without effect, as much pressure as appeared to be prudent, and the application also of several topical applications, I resolved, as the lad was evidently sinking from constitutional irritation, to remove the mass with the knife. There was but little bleeding from the operation, and the sensibility of the part was so low that the patient scarcely knew when the knife passed through the tumour; when the knife was about half-way through it, something presented a slight resistance to its progress, which afterwards proved to be a small portion of loose bone. In a few days there appeared again a disposition in the brain to shoot out, but the application of pressure and the diluted nitric acid controlled it. About a fortnight after the operation the boy was able to move the paralysed leg slightly, and in another week to walk across the room without any assistance, though still very lame. In eleven weeks from the time of the accident he walked a distance of two miles and a half from his home, but a slight lameness still remained. The wound was quite cicatrised, but the newly-formed cuticle was very tender and irritable; perfect vision had returned to the eye, but the arm remained useless. The last time I saw him the arm continued in the same helpless state, but in every other respect he was much as before the accident, both as to his general health and his intellectual capacity.

With reference to the cause and consequent preventive means to be employed, it will be seen that four of the five cases above-mentioned were affected with hernia cerebri, and that in each of these four cases a foreign body was found acting as a constant source of irritation, and knowing how generally the occurrence of irritating bodies found in other parts of the system is followed by excrescences, partaking more or less of the nature of the part from which they proceed, I think it extremely probable that without some such irritating cause we should not have hernia cerebri, which opinion is much strengthened by the other case, in which the complaint did not come on, as no broken and loose portion of bone, or any other extraneous particles, were found at any period of the progress of the case after the first dressing.

Treatment.—With regard to the treatment of the above cases after the disease had come out, it will be perceived that I have thought it necessary to give only so much of it as appeared requisite to the correct understanding of the cases, and that I have generally avoided giving the daily minute details, which will be sufficiently understood when I say that they were conducted in accordance with the general principles of surgery. In every case when the hernia first commenced, moderate pressure, and various topical applications were used, but in two of the cases they were found totally inefficient to restrain the progress of the complaint; and in the case of Howcroft it increased to the enormous magnitude mentioned. It was then removed, and the result is a satisfactory proof that, in cases of necessity, the mass, no matter how large, may be at once cut off with safety and advantage. After the operation, let the wound be carefully examined, to be certain that there is no irritating cause remaining likely to bring on its reproduction. If, after this, there should be a disposition to its reproduction, moderate pressure and the daily application of the nitric acid, reduced to the following strength, will be the best applications:— *Nitric acid*, forty minims; *water*, two ounces; a lotion. I am unable to assign any particular reason why the above application should be more effective than any other, but the result after each application decidedly proved it to be so.

Pathology.—Some writers have viewed

the tumour as true brain, rising in consequence of the due pressure of the skull being removed from the part; others have considered it as consisting of mere fungous granulations; but I imagine that the examination of the large mass removed from Howcroft will demonstrate that it could not be merely either one or the other, but a formation externally, by the vessels of the brain, of matter similar to that which they are accustomed to secrete. The examination of the tumour, after its separation, was as follows:—The appearance of the cut part upon the head was that of medullary matter surrounded by its cineritious or cortical envelope, and, of course, the corresponding section upon the tumour was similar. The exterior of the tumour was formed by a very thin layer of granulations, of a brownish colour. A vertical section being made through the mass, it exhibited, throughout, immediately under the above-mentioned thin granular covering, a stratum of the cineritious matter, nearly half an inch in thickness, where it was cut from the head, and it became gradually attenuated as it receded from that part, till at the most distant, or highest point, it was so thin as to be scarcely perceptible. The remainder of the tumour so resembled the medullary structure of the brain, that no eye could detect the one from the other; the only difference being, that it was not quite so firm in structure as the brain usually is. In the centre a cavity was laid open by the section, containing about an ounce of limpid serum; the cavity was lined throughout by a beautiful transparent and glistening membrane, and if the shape had not been different, it might have been mistaken for one of the ventricles of the brain.

A section of the smaller tumour removed from the head of the boy, J. D., exhibited precisely the same structure, but there was no cavity in the centre.—*From the Trans. of the Prov. Med. and Surg. Assoc.*, Vol. VII.

THE MANTELL MUSEUM.

The collection of organic remains formed by Dr. Mantell, our readers are doubtless aware, has been purchased by the British Museum, but as it will no longer be preserved entire, but will be distributed among the different galleries of the national establishment, we presume that our readers will feel gratified by the following summary of its contents:—

The collection contained between twenty and thirty thousand specimens, which were arranged in twenty large glass cases, and numerous cabinets, and occupied an extensive suite of apartments. It consisted principally of the fossil remains of animals and plants, and also possessed a fine series of corals, many skeletons of animals, and recent specimens, to serve as illustrations of the fossil species. It also comprised a considerable number of highly interesting exotic minerals and fossils, contributed by distinguished foreign zoologists and naturalists, in return for duplicate specimens, which Dr. Mantell had liberally presented to the various public and private collections of Europe and America. The labour and skill required for the formation of such a collection may be imagined when we consider that every bone, fish, and plant had been extricated piecemeal from the solid rock, and carefully repaired, the scattered fragments being accurately replaced and cemented together before it was allowed a place in the collection. The mere manual dexterity evinced in the extrication of the most delicate remains from the solid rock in which they were imbedded, and their subsequent restoration, was, indeed, such as an experienced anatomist alone could command. Professor Agassiz, the distinguished ichthyologist and naturalist, on seeing Dr. Mantell's collection of fishes from the chalk, was perfectly enthusiastic in his expression of astonishment and admiration. In his celebrated work on fossil fishes, already alluded to, he remarks, that—"Les soins minutieux que M. Mantell a donnés depuis bien des années a ces fossiles, les ont rendres plus parfaits que tous ceux des autres musées, car souvent il est parvenu à les detacher entierement de la roche dans laquelle ils se trouvaient ou du moins à les produire en relief, detachant toutes les matières solides qui couvraient les parties les mieux conservées de l'animal." To convey some idea of the importance and extent of this collection, we will subjoin a summary of its contents, as far as they relate to the geology of the south-east of England, premising that many hundred species of the fossil plants and animals are extinct, and were previously unknown. The colossal reptiles, the iguanodon and hylæosaurus, which were entirely developed and made known by the researches of Dr. Mantell, were declared by the illustrious Cuvier to be "encore plus extraordinaires, que tous ceux dont vous avons connaissance."

The assemblage of organic remains comprises—

Several hundred specimens of fossil bones and teeth of the iguanodon, hylæosaurus, myalosaurus, and other reptiles, from the strata of Tilgate Forest.

Bones of birds, of the plesiosaurus, and of various species of turtles, from the strata of Tilgate Forest.

A fine and extensive series of the remains of fresh-water fishes, from the Weald of Sussex.

Many hundred specimens of various genera and species of fresh-water shells and crustacea, from the strata of the Wealds of Kent and Sussex.

Many hundred examples of various genera and species of crustacea and mollusca, from the South Downs.

A matchless collection of between 300 and 400 specimens of fossil fishes, from the chalk of the South Downs.

Many hundred specimens of zoophytes and corals of numerous genera and species, from the chalk of the south-east of England.

Bones and teeth of elephants from the south-east of England.

Many hundred specimens of minerals and rocks, illustrative of the mineral structure of the south-east of England.

An interesting assemblage of antiquities, urns, vases, lachrymatories, celts, coins, &c. &c., British and Roman, collected in Sussex.

The chief merit of Dr. Mantell's researches in a geological point of view consists in their affording data by which he has established the extraordinary fact that the whole country which occupies the area between the chalk ranges of Sussex, Hampshire and Kent, is of fresh-water origin, and is composed of the consolidated materials, the silt, mud, and other detritus, brought down by some vast river, anciently flowing through a country which was clothed with tropical vegetation, and inhabited by colossal reptiles. His inquiries have also thrown light on the character and relations of the chalk and the newer formations of the south-east portion of our island. But Dr. Mantell's important and interesting discoveries in fossil comparative anatomy, are circumstances more immediately connected with his professional attainments, while they have also acquired for him such deserved celebrity, both at home and abroad. The anatomical details which appear in his various memoirs and works, sufficiently attest his skill, industry, and perseverance, and the success which has crowned his labours in reviving the extinct forms of animal existence which his researches have brought to light, and placed before us in all the reality of life and being.

We have already remarked that Dr. Mantell has afforded an example that active professional occupation is not incompatible with the most profound philosophical investigations. Our readers will perceive the justice of such a remark, when we remind them that this unique and vast assemblage, which is unrivalled as a private collection, was formed during a period of twenty-five years, by a general practitioner, who was incessantly engaged in the arduous duties of an extensive country practice, was the medical officer of several large parishes, and, at the same time, filled the important post of sole surgeon to a military hospital for twelve years. Several papers on medical subjects, from the pen of Dr. Mantell, have appeared in our own and other journals, and the result of his experience of the effects of the ergot of rye, published some years since in THE LANCET,* was one of the first and best essays on the administration of that substance; and the statistical account of Dr. M.'s midwifery practice which accompanied that memoir is cited by Dr. Bisset Hawkins in his "Medical Statistics," as one of the most successful instances of obstetrical practice. At the same time Dr. Mantell maintained an extensive correspondence with the most distinguished men of science and the members of his own profession, and his name was enrolled in many of the scientific societies of Europe and America; he was admitted a Fellow of the Royal Society, and the degree of LL.D. was conferred upon him by a foreign university. The almost incessant loss of rest which an extensive obstetrical practice of necessity involves, at length compelled Dr. Mantell to quit Lewes, where he had been in practice upwards of twenty years, and remove to Brighton. On this occasion his patients at Lewes presented him with a piece of plate bearing a complimentary inscription. To this let us add, that had Dr. Mantell been an "antique Roman" instead of an Englishman, he would have won the civic crown, for having saved the life of a citizen, under the following circumstances. Some twelve or thirteen years since a married woman and a youth were condemned to death at the Lewes Assizes for having poisoned the husband of the former. The young man, in pursuance of a law now happily abolished, was hung within forty-eight hours of his conviction; the woman was respited, owing to a point of law raised by her counsel in her favour. Dr. Mantell having accidentally entered the court, and heard part of the trial, felt convinced that the evidence was insufficient to prove the guilt of the parties,—in fact, that they were innocent. The poor youth was hurried out of existence in the manner we have described, but Dr. Mantell, after the most persevering exertions, pursued during several months, succeeded in proving the innocence of both, and saving the life of the woman, (named Hannah Russell, a resident of Burwash, in Sussex), who received a free pardon, and now lives to bless her preserver!

To the above statements we have only to add that Dr. Mantell has now removed to an extensive practice at Clapham, near London, where medical talent and skill of the highest order; a scientific reputation of the most brilliant character, together with the esteem, respect, and admiration of all who know him in private life, cannot fail to ensure him the most complete success in his professional career.

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* LANCET, March, 1834.

ROYAL MEDICO-CHIRURGICAL SOCIETY.

Tuesday, June 11, 1839.

Sir B. C. Brodie, President.

STRUCTURE OF THE CORPUS LUTEUM.

By Robert Lee, *M.D., F.R.S.*

The author commences with a short description of the mature Graafian vesicle in the human ovarium, which he represents as a small, spherical, pellucid sac, containing the ovum, the granule, and the fluid with which it is surrounded. The vesicle itself he describes as always consisting of two membranous layers, or coats, closely adhering together, the external surface being loosely united to the proper substance of the ovarium by soft cellular tissue, blood-vessels and nerves.

When impregnation takes place, the coats of the Graafian vesicle and peritoneum covering it, burst, the contents escape, and around it a corpus luteum is gradually formed. The author states that the observations of De Graaf, Haller, and others, have proved that the corpus luteum is always found in that ovarium from which the impregnated ovum has escaped; but it has not been positively determined by them whether the corpus luteum is produced by a thickening of the inner layer of the vesicle, as Professor Baer has supposed, or between the coats, as Dr. Montgomery believes; and if corpora lutea are not sometimes found in the ovaria of women who have never been pregnant.

The author then proceeds to describe the appearances which he observed in the ovarium of a woman who died in St. George's Hospital, at the end of the second month of pregnancy, which have induced him to conclude that the corpus luteum is formed around both layers of the Graafian vesicle, and not between its coats, or by thickening of the inner membrane. In the preparation of the ovarium, the Graafian vesicle, like a small cyst, consisting of two distinct layers, separated from one another, were clearly seen. A drawing of the recent corpus luteum, which had a deep orange colour, was likewise exhibited.

In two specimens of Fallopian tube conception, which were placed upon the table, the Graafian vesicle was likewise seen surrounded by corpus luteum. The same fact, the author adds, is still more evident in the ovarium of the gravid uterus of ten weeks, described and figured in the seventeenth volume of the "Medico-Chirurgical Transactions."

In several of the preparations in the Hunterian Museum, at the College of Surgeons, which the author has recently examined, with Mr. Owen, he states that the Graafian vesicle is also seen enclosed within the corpus luteum, and forming its central cavity.

The author concludes this part of the paper by recommending additional observations to be made upon this subject, when opportunities, which are not very frequent, present themselves, in order that the correctness of the view which he has given of the structure of the corpus luteum may be rendered perfectly conclusive. All observations upon the subject, he remarks, should be made soon after impregnation, and the date of conception, and all other circumstances, should be clearly stated.

The author next proceeds to describe the changes which the corpus luteum undergoes in the latter months of pregnancy, and after delivery, and observes that it is frequently almost wholly absorbed about the end of the third month subsequent to parturition.

Various preparations were exhibited to illustrate these appearances.

In the ovaria of women who have never been pregnant yellow, oval-shaped bodies, he observes, are frequently found, which it is difficult to distinguish from true corpora lutea, resulting from impregnation. The greater number of these are produced by blood extravasated within the Graafian vesicle; and he thinks that they can generally be distinguished from true corpora lutea by this circumstance, that in the latter the corpus luteum surrounds the Graafian vesicle, but in false corpora lutea the yellow substance is usually contained within the Graafian vesicle. A thickening of the coats of the Graafian vesicle, and the changes it undergoes during menstruation, the author also conceives might be readily mistaken for true corpora lutea.

Various preparations and drawings were also exhibited to illustrate these statements, and Dr. Lee closes his paper with the following remark:—"That from all the observations hitherto made on the corpus luteum we may infer that it is never found but as a consequence of impregnation; that the yellow, oval-shaped substances found in the ovaria of women who have not been pregnant may be distinguished from true corpora lutea by the smallness of their size and irregularity in their shape, the greater depth at which they are situated in the ovarium, the absence of the white membranous appearance of the centre, and by the fawn or yellow-coloured substance being enclosed within the cavity, and not found around the interior surface of the Graafian vesicle."

Mr. Solly had examined the body of a young unmarried woman, who had died from perforation of the stomach. She had passed her usual menstrual period; an enormous corpus luteum was discovered; besides this there was not the slightest reason to suspect her chastity. Was the appear-

ance of this body the result of conception, or was it merely accidental?

Dr. BRIGHT thought the Society would be obliged if Dr. Lee would state the diagnostic marks between true and false corpora lutea. In the examination of the bodies of females these appearances were constantly observed; in persons, too, of the most unblemished character; it therefore became very desirable to be able to form a correct diagnosis regarding the nature of these appearances.

Dr. ROBERT LEE stated, that at the close of his paper he had described the characters of true and false corpora lutea. In some cases of the latter, or false, the appearance was produced by a thickening of the two coats of the Graafian vesicle. This was most frequently observed to be the case in the ovaria of persons advanced in life; and sometimes several of these bodies were met with in the same ovarium. The yellow appearance was, here, neither around nor within the Graafian vesicle, but was produced by the morbid condition of its coats. In the greater number, however, of false corpora lutea, the yellow appearance was produced by blood, which had been poured out into the cavity of the Graafian vesicle, and having become partially absorbed, had assumed the peculiar yellow, or fawn colour, which blood, found within the cavities of obstructed veins, was observed to assume, a fact particularly remarked by Dr. Montgomery. Generally, too, false corpora lutea were either larger or smaller than the true ones resulting from impregnation; they were also found deeper in the substance of the ovarium than were the latter. The most important diagnostic mark, however, between the true and false corpora lutea, consisted in the fact, that in the true body the yellow substance was invariably situated *around* the two coats of the Graafian vesicle; whereas, in the false corpus it was situated *within* the cavity of the vesicle. The colour, also, of the true corpus luteum was a peculiar orange, quite unlike the yellowish-red brick-dust colour, characteristic of the false body. If the relation which the true corpus luteum bore to the Graafian vesicle, given in the paper, and illustrated in the drawings and preparations, were the correct one, then we were in possession of a certain test, by which we might distinguish the real character of the bodies under discussion.

THE CASE OF A GIRL WHO VOIDED FROM THE URETHRA A NUMBER OF ENTOZOOTIC WORMS, NOT HITHERTO DESCRIBED; WITH AN ACCOUNT OF THE ANIMALS.

By T. B. CURLING, *Esq., Assistant-Surgeon to the London Hospital.*

The patient is five years of age, and is not suffering, as far as the author could ascertain, from any disease of the bladder or kidneys. She first passed some of the entozoa in question on the 26th of May last, and continues to do so occasionally to the present time, which enabled the author to exhibit some of them alive to the Fellows present, by the aid of a microscope. When first voided they float separately, in the urine, but in a short time they coalesce, and coil themselves together, in the form of a ball, at the bottom of the vessel. If allowed to remain in the urine they live for two or three days. They are of two sizes, the larger being more numerous than the former. Having discovered, by reference to Rudolphi's "Synopsis," and other works on the subject, that the entozoa in question had not been hitherto described, the author enters into a minute description of its characters, and illustrates his description by magnified representations of the male and female, as seen in the microscope. From this description,* those who are conversant with the structure of the entozoa will recognise a true hematoid structure. These worms, however, differ from all the known genera of this class, in possessing several peculiarities of structure, especially a well-marked annulated body, an anal aperture of a labiated form, and a tegument armed throughout with the spines. Referring it, therefore, to the order hematoidea of Rudolphi, he thus describes its characters:—

Genus Dactylius.

Corpus teres elasticum, annulatum et utrinque attenuatum, caput obtusum, os orbiculare, anus trilabiatuus.

Dactylius Aculeatus.

Capite obtuso, toto corpore aculeorum serie quadruplici armato, caudâ obtusâ et annulatâ. Habitat in hominis vesicâ urinariâ.

Dr. BRIGHT inquired whether any member recollected a case analogous to the one detailed, and which had been recorded in the Society's Transactions, by Mr. Lawrence.

Mr. CURLING had read the case referred to by Dr. Bright. In this case the patient had been in the habit of voiding two kinds of insects from the urinary bladder, but they were distinctly different from those observed in his (Mr. C.'s) case. In Mr. Lawrence's case the substances voided had been examined by Rudolphi, of Berlin, who considered that only one of the kinds was organised; but he (Mr. C.) and Dr. A. Farre had since carefully examined them, and found them both to be undoubtedly organised. It was due to Rudolphi to state, however, that when he received the insects they had been some time in spirit, and had become opaque. The old woman who was the subject of this case was still an inmate of St. Sepulchre's Workhouse, and was now

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* It is omitted in the abstract.—*Rep.* LANCET.

in the habit of passing the larger kind of insects; these were five or six inches long, and had been proved to be organised both by Mr. Owen and Dr. Farre. In his own (Mr. C.'s) case, there was no reason to suspect that the insects were voided from the kidney, no symptom indicative of disease of that organ being present.

REMARKS ON THE ACUTE FORM OF ANASARCOUS SWELLING OF THE SCROTUM.

By R. LISTON, *Esq., Surgeon to the North London Hospital.*

The object of the author in this paper is to direct attention to the diagnosis of cases of infiltration of the scrotum with serous fluid, which is often as rapid in its origin, and as calamitous in its consequences, as the effusion of urine itself. Six cases occurring in the author's public practice are related, with the view of enabling the surgeon to form a correct opinion of the nature of the mischief, and of directing his proceedings properly and satisfactorily.

Sir B. BRODIE said that it was undoubtedly occasionally advisable to divide the scrotum by free incisions in these cases. In some cases of a similar description, however, in the early stages, simple acupuncture, repeated three or four times daily, was sufficient to effect a cure.

Mr. STAFFORD had employed acupuncture in some cases of this kind, in the early stage, with complete success.

This being the last meeting of the session the Society adjourned until November next.

The Reporter of this Journal is not answerable for the occasional meagreness of the abstracts, which, as in the last one of the present report, as well as in many others during the session, have given no satisfactory idea of the original paper. To ensure a proper notice in the journals, authors should make their own abstracts, and forward them to the Society with their papers.

The Wonders of Geology. By G. A. MANTELL, Esq., L.L.D., F.R.S. Relfe and Fletcher, London, 1839. Third edition.

WE have ever felt a peculiar satisfaction in bestowing that notice on the labours and the writings of Dr. Mantell which their importance and success have so amply deserved, not only because we have considered such attention due to their distinguished and gifted author, but because we have felt them to be intimately connected with medical science, and the honour and the welfare of the medical profession.

Our readers are aware that we have long and perseveringly contended for an extensive range of study as indispensable for the completion of a sound medical education, and have vindicated the necessity of the student acquiring a due knowledge of those physical sciences which constitute the very basis of medical knowledge and skill. It has too long been the boast and the shelter of ignorance, echoed and re-echoed by the old women of both sexes, that "Mr. So-and-so must be a clever doctor, because he knows *only* his profession." Such an assertion, in itself, amounts to a confession of ignorance, since he who is enlightened only on one subject must, of course, be in the dark on all others; while our own science, as every tyro is aware, far from consisting of any single branch, any isolated department of knowledge, is formed, in fact, of a cycle of studies, all distinct from each other, all requiring different kinds of discipline for their attainment, but all based on the investigations into Nature, and all determined by the observation of her laws. So essential do we consider an extensive course of instruction to the best interests of the medical profession that we hope to see the day when a due proficiency in science shall be made an indispensable requisite for practising even the lowest departments of the healing art, and when every druggist shall be required to be somewhat more than the mere vendor of drugs, and shall be compelled to prove his acquaintance with the chemical agencies concerned in the production of those substances which he is daily called on to dispense, and which ought never to be entrusted to ignorant and inexperienced hands. Entertaining these views we have ever had a peculiar gratification in paying our tribute to the author of the work before us, who has nobly spurned the trammels of prejudice and ignorance; has had the courage to be a philosopher; and has not only acquired a distinguished fame in science, but has adorned and elevated the character of the medical profession itself, by the importance of his discoveries and the brilliancy of his scientific reputation.

On the appearance of one of his former works some four or five years since, that on the Geology of the South-east of England, we spoke of his researches and discoveries as we conceived they deserved, and cited him as affording an example worthy the imitation of all his professional brethren, and as furnishing a signal proof that active professional occupation in a busy country

town, is not incompatible with a deep devotion to the most profound philosophical investigations which can engage the mind of man.

A few months only have elapsed when, on the first appearance of this work, we called the attention of our readers to the wonders which geology was calculated to unfold, and the advantages, both moral and intellectual, which the discipline of its studies was so well fitted to impart. Our unmingled praise was, at the same time, bestowed on the work itself, which, as a correct and able classification of the most important geological phenomena, a manual of the study of the ancient earth and its inhabitants, a pocket encyclopœdia of geological science, we hesitated not to recommend as superior to any works yet published. We are, therefore, not surprised that the opinion of the public has coincided with our own to so great an extent that, as we learn from the bookseller's note which accompanies these volumes, two impressions, of a thousand copies each, have been rapidly sold; the work has been some months out of print, while it has been republished in America, under the auspices of Dr. Silliman, and translated into German, at the instance of Dr. Noeggerath, of Bonn. With regard to the volumes before us we have only to repeat, with the requisite additions, the eulogium which we passed on the first appearance of the work. The order and arrangement of the subjects are the same, for they could not, probably, have been altered with advantage; several parts, however, have expanded and increased; some few corrections incident to the advancing state of geological knowledge have been judiciously introduced; several lithographic plates, and upwards of 100 wood-cuts, have been added to the embellishments, and the work is, perhaps, as nearly perfect as the care and revision of its accomplished author could possibly render it. Were we to hint a fault it would be that Dr. Mantell, with the diffidence characteristic of true merit, has omitted to do justice to his own discoveries. He has comprised in one chapter the formation of the chalk and the weald, which are the peculiar sphere of his own geological researches, though each might well have claimed a separate discourse for their discussion. In the latter case, that of the wealdean deposits, the discoveries of Dr. Mantell were of so interesting and important a character that we shall endeavour to supply the deficiency of which we complain by a brief and hasty notice of his labours in this locality.

The traveller through the south-eastern district of our island is aware of the beautiful and highly-cultivated part enclosed between two ranges of chalk hills,—the North and South Downs,—and termed the Weald of Kent and Sussex, from the Saxon word *wald*, a wood or forest, which formerly occupied the district. The substratum is chiefly sand-stone, the soil extremely rich and fertile, and adapted for every purpose of cultivation. Prior to the investigations of Dr. Mantell the entire locality was considered to belong to the green sands, the lowest member of the chalk formation, while its fossil remains were conceived to be of marine character, the deposits of an ancient sea. Dr. Mantell, however, by a series of investigations of the most arduous character, pursued amid the difficulties and discouragements of a laborious and extensive practice, ascertained the novel and important facts that the deposits in question were by no means of marine but of fluviatile origin, the bed, not of a primeval ocean, but of some equally ancient and extensive river. Further investigations convinced him that these strata were deposited at the river's mouth, and the discovery of the Delta formations of the Weald constitute at once the reward of Dr. Mantell's scientific investigations, and the most novel and important discovery effected in the geology of our native island. The organic remains, even of the most extraordinary character, the colossal iquanodon, the strange and singular creatures, of the wildest and most singular form, and so enormous in size as to be nearly 100 feet long,—these were the wonders exhumed from the new found territory, and which discoveries, so strange and unlooked-for, excited the attention of the whole scientific world, the Baron Cuvier being among the first to acknowledge their interest and importance, and the Geological Society having voted the Wollaston Gold Medal as a reward to the author. We have peculiar gratification in extracting from the speech of Mr. Lyell, on that occasion, the following tribute to the energy and talent displayed by Dr. Mantell in his scientific investigations:—

"A geologist who explores the Wealds of Kent, Surrey, and Sussex, never meets with entire skeletons, as at Lyme Regis or at Whitby, or even small portions of a skeleton connected together. He must patiently wait, and gather a multitude of detached and disconnected bones. Almost every tooth, every rib, every vertebra, must be taken from some different place; and, as if to make the task still more perplexing, the relics of a variety of large species of saurians are promiscuously mingled together, and scattered, as it were, at random, far and wide, through the rocks. I believe that the skeletons in the ancient estuary were rolled backwards and forwards by the tides till scarcely any two bones remained together; to reunite these into a whole, to refer to each skeleton the parts which once belonged to it, and not to confound the different species together, was a task demanding no common degree of skill, reflection, and judgment; and an intimate knowledge of the laws governing the analogies of structure, and the relations of the different genera of vertebrated animals.

"It was from these scattered elements that the skeletons of these gigantic reptiles of the Weald were constructed, with which we seem now so well acquainted,—those huge saurians concerning whose osteological structure and former habits we can now reason with confidence, and with whose names we have been made as familiar as with those of our domestic animals, and which have obtained as real an existence in our imaginations, as if they were living at this moment in the waters of the Ganges or the Nile.

"But I must trespass no longer on your indulgence, and I shall only remark, that if the exertions of Dr. Mantell would have called for our grateful acknowledgments under any circumstances, how much more are they entitled to our praise and admiration, when we recollect the peculiar circumstances under which he has followed up his scientific researches. His hours of study have been confined to those moments which could be spared from the labours of a profession to which he has devoted the principal energies of his mind, and I rejoice to say with great and uniform success. There have always been some men in the medical profession who have combined extensive practice at the same time that they have enlarged the boundaries of some collateral sciences, and it gives me great pleasure to declare that Dr. Mantell's name will be added to that honourable list."

The testimony of the President, G. B. Greenough, Esq., is alike honourable to its object, and is strikingly confirmatory of our own views:—

"I will only add, in the way of congratulation, that Dr. Mantell's perseverance in these interesting researches is not remote from the habits, nor at variance with the duties, of his profession; for, as you are well aware, the examination of the human body is one department of that wide and beautiful field of comparative anatomy in which he finds amusement; and to become well acquainted with the economy and physiology of man, it is necessary to study the structure of other animals."

Our limits warn us to be brief, but we cannot refrain from extracting the following section of the work, the principles of which are as accurate and correct as the language is elegant and graceful:—

"2. Organic and Inorganic Kingdoms.—The beautiful world in which we are placed is everywhere full of objects presenting innumerable varieties of form and structure, of action and position; some of them being inanimate, or inorganic, and others possessing organisation, or vitality. The organic kingdom of nature, in like manner, is separated into two grand divisions, the animal and vegetable. The differences between organic and inorganic bodies are numerous and manifest; but it it will suffice for my present purpose to mention a few obvious and familiar characters. All the parts of an inorganic body enjoy an independent existence; if I break off a crystal from this mass, the specimen does not lose any of its properties, it is still a mass of crystals as before; but if a branch be removed from a tree, or a limb from an animal, both are rendered imperfect, and the parts removed suffer decomposition,—the branch withers, and the animal matter undergoes putrefaction. If crystals, which may be considered the most perfect models of inorganic substances, be formed, they will remain unchanged, unless acted upon by some external force of a chemical or mechanical nature. Within, every particle is at rest, nor do they possess the power to alter, increase, or diminish: they can augment by external additions only, and decrease but by the removal of portions of their mass. But organic bodies have characters of a totally different nature; they possess definite forms and structures, which are capable of resisting, for a time, the ordinary laws by which the changes of inorganic matter are regulated, while internally they are in constant mutation. From the first moment of the existence of the plant or animal to the period of its dissolution there is no repose: youth follows infancy,—maturity precedes age; it is thus with the moss and the oak,—the monad and the elephant,—life and death are common to them all. Animals and vegetables also require a supply of food and air, and a suitable temperature, for the continuance of their existence; and they are nourished by particles prepared in appropriate organs, and trans-

mitted by suitable vessels. In the germ of an animal or a vegetable there is a vital principle in action, by which are developed in succession the ordained phenomena of its existence. By this power the germ is able to attract towards it particles of inanimate matter, and bestow on them an arrangement widely different from that which the laws of chemistry or mechanics could produce. The same power not only attracts these particles, and preserves them in their new situations, but is continually engaged in removing those which might by their presence prevent or derange its operations; and, on the other hand, so soon as the vital principle deserts the body which it has animated, the latter immediately becomes subject to the agencies which act on inorganic matter: 'in obedience to the power of gravitation the bough hangs down, and the slender stem bends towards the earth,—the animal falls to the ground,—the pressure of the upper parts flattens those on which they rest,—the skin becomes distended, and the graceful outlines of life are changed for the oblateness of death,'—the laws of chemistry then begin to operate,—putrefaction takes place,—and, finally, dust returns to dust, and the spirit of man to Him who gave it."

Diary of the Rev. John Ward, Vicar of Stratford-upon-Avon. Arranged by CHARLES SEVERN, M.D. Colburn, London, 1839. pp. 315.

THE literary public is much indebted to the London Medical Society, and to its Registrar, Dr. Severn, for the publication of Mr. Ward's diary. We have seldom perused a more curious or interesting volume. The diary, which Dr. Severn discovered in the library of the London Medical Society, consisted of seventeen duodecimo volumes, and extended from the year 1648 to 1679.

From these Dr. Severn has selected various portions relating to medical and literary topics, of considerable interest. The general reader will here find several particulars of the life of Shakspeare which would otherwise have remained unknown; and, on the other hand, medical science has not been neglected, as our readers may perceive from the following extracts.

The Bishop's example may prove consolatory to the Rev. Surgeon Steggall:—

"In King Richard the Second's time physitians and divines were not distinct professions; for one Tydeman, Bishop of Landaph and Worcester, was physician to King Richard the Second."

The following extract shows that even so long ago as the time of Mr. Ward the danger of opening an artery during venesection was fully understood:—

"Dr. Lower hath found out, as I hear, the forme of a launcet which shall secure the person from touching an arterie, itt being flat on one side, that is, toward the arme."

An operation for cancer in the olden time:—

"A cancer in Mrs. Townsend's breast, of Alverston, taken off by two surgeons; one's name was Clerk, of Bridgnorth, another's name was Leach, of Sturbridg. First they cut the skin cross and laid itt back, then they workt their hands in ytt, one above and the other below, and so till their hands mett, and so brought itt out. They had their needles and waxt thread ready, but never ust them; and allso their cauterizing irons, but they used them not: she lost not above ℥vi. (six ounces) of blood in all. Dr. Needham coming too late, staid next day to see it opened. Hee said it was a melliceris, and not a perfect cancer; but itt would have been one quickly. There came out a gush of a great quantitie of waterish substance, as much as would fill a flaggon; when they had done, they cutt off, one one bitt, another another, and putt in a glass of wine and some lint, and so let itt alone till the next day; then they opend itt again, and injected myrrhe, aloes, and such things as resisted putrefaction, and so bound itt upp againe.

"Every time they dresst itt, they cutt off something of the cancer that was left behind; the chyrurgions were for applying a caustick, but Dr. Needham said no, not till the last, since shee could endure the knife. They prepard her bodie somewhat, and let her blood the day before. One of the chyrurgeons told her afterwards, that shee had endured soe much, that hee would have lost his life ere hee would have sufferd the like; and the Dr. said hee had read that women would endure more than men, but did not beleeve itt till now. The way how and where itt should bee cutt was markt with ink by one Dr. Edwards, who lives at Bridgnorth, Mrs. Townsend likt him very well; hee said iff they could prevent a gangrene, there was little fear, iff shee fell not into a feavour."

"A fellow is at Cambridge which cures agues by injecting somewhat into the veins, as Mr. Wren did into the veins of a dog."

This exceeds and anticipates even the exploits of M. Magendie.

The following exceedingly curious passage shows that the operation of dividing the tendons of contracted muscles was performed nearly two centuries ago in this country:—

"The mountebank that cutt wry necks,

cutt three tendons in one child's neck. and hee did itt thus: first by making a small orifice with his launcet, and lifting upp the tendon, for fear of the jugular veins, then by putting in his incision knife, and cutting them upwards; they give a great snapp when cutt. The orifices of his wounds are small, and scarce any blood follows; some are wry neckt from the womb, they only lay on a melilot plaister to heal the wound, the plaister must bee a fresh one every day. As for the symptoms of this cutting, they are only these: that about a day or two after, the child will be sickish, some humour falling on the stomach of itt, as the mountebank says. When hee hath cutt itt, he bends the child's neck the other way, and putts on a capp, and a fillet tied to the capp, and so ties itt under the arme pitts, and so by constant bending the head that way, itt becomes straight and upright."

THE LANCET.

London, Saturday, June 29, 1839.

A KNOWLEDGE of nature is obtained in two ways,—by observation, and by experiment: *Physicum id est speculatorem, venatoremque naturæ*, says CICERO. We observe, record, and determine the relations of natural phenomena; or we produce effects in order to determine their relations and causes. The experimental sciences, and the sciences of observation are, however, identical; for it is indifferent whether physical phenomena occur spontaneously, or are artificially produced, so far as regards the determination of their laws. But experimental investigation is often more attractive than observation. The observer is a sentinel, a looker-on, or, at the most, a watchman upon the lofty towers of nature; the experimenter, on the contrary, is animated by the pursuit of his game, his blood is heated, his hopes are on the stretch, the forms of truth fly and double, appear and disappear, before the hunter's aching eyes, and the pleasure of the chase is as thrilling as that of the capture. How many have lived and died happy in the search after ideal objects,—for instance, the philosopher's stone and the elixir of life!

In some of the operations of nature the part of the observer is sufficiently interesting. Nature herself performs the experiments; raises the vapours from the ocean; precipitates the dews, and rain, and snows, upon the everlasting hills; sends the lightning in flashes from heaven to earth, from earth to heaven; refracts the light in the clouds, or bids the sun, moon, and stars describe their courses unerringly through time and space. The tribes of plants and animals, in all their various changes, also present the observer with a wide field of facts. But it is in medicine especially, and in everything relating to man, that the inquirer has to confine himself to observation; and it is there that the observer may reap as rich a harvest as the experimentalist. The chemists have tortured the elements in their crucibles,—MAGENDIE has starved rabbits, poisoned dogs, cut their nerves, drained their veins, and investigated the effects of reagents upon their blood;—thousands of frogs and cats, sparrows, chickens, and mice, geese, pigeons, and turtles, have been sacrificed, not cruelly—not to gratify carnivorous propensities—not to seek superstitious indications,—but in the hope of surprising the mysteries and laws of vitality. The Lecturer of the College of France, in the plenitude of his zeal would, however, never think of rendering men the subjects of his experimental crucifixions; and thus expose himself to the charge of making the pangs of expiring life the oracles of healing —*et salutis humanæ præsidem artem, non solum pestem alicui, sed hanc etiam atrocissimam.* But in the present state of society are not the experiments from which the physiologist would shrink—and which he would not dare to name, or which he would not think of proposing, performed upon a large scale? You want to ascertain the effects of different kinds of food: within the limits of the United Kingdom almost every variety of aliment is eaten, from potatoes and salt, to roast beef, and to the gastronomic refinements of UDE. Then there are *teetollers*, two-bottle-men, three-bottle-men, and exclusive gin-drinkers. What variety of occupa-

tion and exercise can the experimentalist require that is not practised upon the hills and the plains, in the factories and the potteries, under the earth and on the seas? Does he desire to see the effects of an insufficient supply of food? The effects of effluvial poisons? The generation and diffusion of epidemical diseases? Thousands of the inhabitants of this country are poisoned every year by morbid effluvia, and fall victims at all ages to destructive epidemics. Is it desired to ascertain the influence of heat and cold, moisture and dryness, and the succession of the seasons, upon different classes of men? So far as the range of this climate extends, that can be ascertained by observation. Would the inquirer ascertain the vitality of the two sexes, and the modifications induced by wearing age? Twenty-six millions of people, at every age, from infancy to manhood and hoary age, are exposed in this kingdom to the widest vicissitudes of climate and of fortune: and by a well-concerted system of observation the laws of their reproduction and death,—their rising and setting,—may be determined; so the procession of the human generations might be observed passing over the earth in endless succession, and according to the eternal ordinances of Nature. What scientific professor can invite the student to a course of experimental physiology upon this grand scale, and of such inconceivable interest? And must it be that because we can only observe these phenomena, and cannot experiment, that they are to be neglected?

If the observation of the diseases, the deaths, and the births of the people of this country had no intrinsic scientific interest, it would still possess a practical interest in the eyes of every man who had a body capable of suffering,—a life, or friends dearer than life, to lose,—and any hope of seeing the sickness and misery of mankind lessened by the progress of medical art. And this interest would naturally be greatest in members of the medical profession. It was, therefore, with considerable curiosity that we looked forward to the result of the late, and long-desired attempt of the Legislature to secure the registration of the births, deaths, and diseases of the people of England; particularly as it was quite evident that the attempt could only be successful by securing the co-operation of the great body of medical practitioners. We have already adverted to the history of the past ineffectual attempts at registration; at the opposition of the clergy; and at the prejudicial effects of spurious medical certificates. We have now before us the "*First Annual Report of the Registrar-General*," and shall briefly notice the results, and the mode in which the abstracts have been submitted to the public.

The registration has hitherto been confined to England. It should be immediately extended to Scotland and Ireland, and there is no reason why the Colonies should be deprived of its advantages. The wider the field of observation is made, the more interesting will be the results in a scientific point of view.

In the first part of his Report Mr. LISTER gives an account of the machinery of registration, and of the means which he has adopted to carry the intentions of the Legislature into effect. A system of observation extending over 15 millions of people is not very easily introduced or maintained: particularly where it interferes, or is supposed to interfere with the pecuniary interests of the clergy. The country has been divided into 618 Superintendent-Registrars' Districts, generally corresponding with the Unions,—and into 2193 Registrars' Districts; hence 100 Superintendents have under them 355 Registrars. 1021 Registrars are officers of Poor-Law Unions, and of these 416 are medical officers, 500 relieving officers. Of the remaining 1172 Registrars, who are *not* officers of Poor-Law Unions, 111 are in the medical profession; 262 in other professions; 437 in trade. Each district comprises, on an average, an area of 94 square miles, and 25,000 inhabitants; out of which about 900 births, 550 deaths, and 188 marriages, occur annually.

Certified copies of the registers are transmitted to the General Register Office quarterly. "The certified copies transmitted "every quarter by the Superintendent-Re- "gistrars are collected by them from more "than 14,000 persons charged with the duty "of compiling the same. More than 80,000 "separate papers, containing 847,149 entries, "have been thus transmitted (in one year), "of which 739,737 (being all the entries of "births and deaths, and such marriages as "are registered by the Registrar of Mar- "riages), have been compared with the ori- "ginals by the Superintendent-Registrars, "and certified to be corrected." The certified copies are examined, arranged, and indexed at the Central Office; where the abstracts are also made, and not, as in France and Belgium, by the Registers, that is, the *maires* of *communes*. The English is in this respect infinitely superior to the French system; it is well known, indeed it might have been anticipated, that the men capable of writing down a specific fact would not always be able to compile statistical abstracts. Besides this the Government, or Parliament, can procure any returns they may require from the General Register Office; while in France and Belgium they have to send all over the country for any information not contained in the ordinary abstracts.

In the year ending June 30, 1838, the number of entries in the registers were,—

Births	399,712
Deaths	335,956
Marriages	111,481

The population in the middle of the period (Jan. 1, 1838), exclusive of the military and maritime population, is estimated at 15,324,720; and, according to the ascertained numbers in 1821—31, Mr. LISTER infers, that the probable number of deaths registered in the parochial registers for the year ending June 30, 1830, will have been about 291,715. "But the number of deaths "registered under the new system, in the "year ending June 30, 1838, has been "335,956, thus exceeding the estimated "number in the parochial registers of burials "by 44,241." We must add 2704 deaths which occurred in the first, and were registered in the second year, to the 335,956; this will make 338,660; and it unquestionably falls little short of the total deaths which happened in the year. Add 1½ per cent. as a correction to the population, and 1-40th to the registered deaths, then the mean annual mortality was 1 in 44.81 (nearly 1 in 45), or 2.23 per cent. The marriages in the first quarter amounted to 24,030, in the second to 34,449, in the third to 23,201, in the fourth to 29,801. The mean of the three last quarters was 29,150, a number slightly exceeding the estimated average number performed,—4280 were *not performed according to the rites of the Established Church*. The division of the number of legitimate children by the marriages would determine the fecundity of married females; but that this might be done all the births must be registered, and the illegitimate must be separated from the legitimate children.

The registration of marriages has been successful; and in the first year the record of deaths (notwithstanding all the obstacles) has been successful beyond our anticipations. This is creditable to the good sense of the people; and if Mr. LISTER is to be judged "by the event," it speaks very favourably for the efficiency of the means which he has employed to carry the Act into operation.

As we predicted, the registration of births is incomplete; but no blame attaches on this account to the Registrar-General; it is to be ascribed to a radical defect in the Registration Act, which left the registration of birth, to a certain extent, optional. The parent is not bound to give information of the birth unless the Registrar make an application for the purpose. Much, therefore, depends upon the activity of the Registrar; but where the Registrar is most intelligent and zealous, a certain number of births necessarily escape registration in almost every district. This is the more to be regretted, as it leaves the registration of births

almost where it was before the Act was introduced. A partial registration of births is unavailable for statistical purposes. It appears that the number of births registered increases; for the births registered in the first quarter amounted to 74,588; in the second, to 89,528; in the third, to 113,815; in the fourth, 121,781; but no administrative efforts can make the registers complete while the Act remains defective. Why should it not be remedied this session? Would the same party that opposes the education of the poor, oppose the registration of their children?

The abstracts of deaths exhibit the number of deaths at every year of life, in 25 divisions, and in all England and Wales; also the proportion of 1000 at different ages. We shall lay some of the results and the abstracts before our readers. To the abstracts of the causes of death, drawn up by Mr. Farr, we shall advert next week.

UNIVERSITY OF LONDON.

MEDICAL DEPARTMENT.

The following gentlemen have been appointed Examiners in the several departments of medical science:—

Anatomy and Physiology—Mr. Kiernan and Dr. R. B. Todd.

Comparative Anatomy and Physiology—Dr. Roget.

Surgery—Mr. Bacot and Sir Stephen Hammick.

Medicine—Drs. Billing and Tweedie.

Materia Medica and Pharmacy—Mr. Pereira.

Chemistry—Mr. Daniells.

Midwifery—Dr. Locock.

THE MEDICAL SOCIETIES OF LONDON.

In inserting, in the present number, a report of the proceedings of the last meeting of the *Medico-Chirurgical Society*, which, in fact, terminated the session of the metropolitan medical societies, we may take the opportunity of offering a few remarks on these assemblages in general,—the character of their proceedings, the abuses which require correction, and the advantages which might be derived from a better regulated plan of proceeding.

The Medico-Chirurgical Society was instituted upwards of thirty years since, for the purpose "*of conversation on professional subjects*, the reception of communications, and for the establishment of a library." How far the first of these objects was carried into effect in the earlier years of its existence we know not, but certainly during the reign of the last two presidents, embracing a period of four sessions, they seem to have been entirely lost sight of. Since Sir B. Brodie has been in the chair, a period of but a few weeks, he has appeared anxious to promote conversation, and has himself set a good example, but, at present, with little effect; the somnolent voice of the secretary, reading, by the hour, long and uninteresting papers, operates so strongly on the mental energies of the members, that they seem to require the bladder filled with peas, as applied to the philosophers of Laputa, to recall their recollection. The disadvantages resulting from the reading of the papers by the secretaries is best appreciated by those members whose papers are *read* during their presence; one word is occasionally mistaken for another, by which the entire sense of a paragraph is altered; cases of importance are omitted, while others of less moment are selected; and, to crown all, at the last meeting of the Society, the title of a statistical paper on carcinoma of the uterus was read, with a polite intimation that the tables "would not interest the members of the Society!" the author being only a contributor to, not a member of, the Society. There is another evil, however, which we may advert to, as connected with the reading of papers by the secretaries; and that is, the occasional absence of their authors on the evenings on which they are read. Whether this arises from a feeling of intense modesty, or whether it results from a desire to stifle all discussion, and all inquiry into the merits of the production, we know not, but it certainly has a decidedly injurious effect with regard to the freedom of conversation. It happens, of course, occasionally, that there are points in a paper which require explanation from the author; others which may with propriety be fairly disputed, and others condemned; but the absent author has shrunk from the inquiry, and failed to appear as the defender of his own production. The best papers read at the Medico-Chirurgical Society are, also, frequently mutilated, by the absurd arrangement which exists regarding the admission of members; thus, during the present session, we remember an evening in which at least six gentlemen were admitted into the fellowship, each one of whom was balloted for separately, his name, with a long string of signatures attached to his recommendation, having been first read over, and all this occurring during the reading of a paper! Those who have not witnessed the effects of this plan of proceeding can form no idea of the injury it

inflicts upon the production of an author. The secretary reads the recommendation, the name, qualification, residence, and the signatures of such as recommend the candidate, amounting, sometimes, to a dozen; the president then inquires if it is the pleasure of the Society to proceed to ballot; the box goes round, distracting the attention of the members, and is then returned to the president, who announces the result. The secretary having discontinued the scientific paper, now reads another recommendation, to which a long list of names is appended; the same formalities are again repeated, and in the intervals the paper is read, the ballot-box having gone round six times during the reading!

It may be said that it is necessary that all the papers to be published in the Society's "Transactions" should be read before the members in order that they may decide on their merits, with regard to their subsequent publication; this objection would hold good if the members had any voice in the matter, which is, however, not the case, the merits of the papers being decided upon by a council consisting of about a dozen, half of whom, probably, are not present at three ordinary meetings during a session. How much better would the objects of the Society be carried into effect were one good paper to be selected for reading on each evening of meeting, the merits of which would afterwards form the subject of discussion among the members. This would not convert the Society into a mere "arena for debate," as has been objected by some, but would render it at once one of the most interesting and attractive medical assemblages in the metropolis—a school where the junior practitioner or student would not fail to derive solid information from men of experience and judgment. We are fully aware that some years ago an attempt was made by a few individuals to establish a clique for the purpose of talking upon every subject brought before the Society, whether the matter under consideration was understood or not by the "talkers," as they were called. This, however, could never occur again, provided a willingness was evinced by a part of the members in general, to uphold the equal rights of all.

It may be said that the discussions would merely consist of a number of crude undigested ideas, springing from a variety of men; this, however, need not be the case, provided the subject for discussion be announced at a proper period. Two evenings only during the last four sessions have been devoted exclusively to discussion. On one the subject for debate was announced at the previous meeting, in the other instance it was not so. What was the result? Why, in both instances the evening was spent infinitely more pleasantly and more profitably than when the reading of papers constituted the entire business of the evening. In regard to the value of observations made by members on the papers read, we can justly refer to the pages of this Journal in proof of their occasionally being the most valuable part of the proceedings. We may merely refer here to Sir Benjamin Brodie's observations on Mr. Phillips' paper on a new mode of treating prolapsus uteri.

In the other medical societies, generally speaking, there is no lack of talking; but, unfortunately, from the very few members who usually attend the *London* Society, the debate is limited to two or three individuals, and the consequence is, that a variety of extraneous matter is introduced; questions altogether different from the original one under discussion are propounded, dovetailed with great ingenuity with one another; so that altogether there are occasionally as many questions before the Society as there are members present, and all huddled together in such admirable disorder, that the mind is wearied and distracted in recollecting them. This is an evil which we trust the new regulation regarding the annual subscription to the Society will remove, by the entry of a great number of new members. The *Westminster Society* may be considered as the House of Commons—the Free and Easy, of the profession. Better attended than the other debating societies, and numbering a great variety of practitioners among its members, it is seldom necessary for one speaker to rise a second time to prevent the debate lagging. Unfortunately, however, some of the members *will* speak on all questions, and occasionally more than once,—a proceeding which is, of course, detrimental to the best interests of the Society. It is to be regretted that, occasionally, the observations made by members are too general and crude, and do not bear that stamp of thought which is necessary to make them of any importance in the eyes of the profession. The Hunterian and Harveian Societies are too exclusive, and the Medico-Botanical is falling off from want of materiel of the right sort to keep its machinery in motion. Of the Students' Societies the best is that at Guy's, where the business is conducted in the manner which is observed in France.

DEVELOPMENT OF THE COW-POCK AT WILL.

To the Editor of THE LANCET.

SIR:—Permit me to avail myself of the opportunity which is offered in the pages of your Journal, of announcing that one of my friends, M. Bourquin de Chavannes, has succeeded, after several years research, in discovering a mode of perpetuating natural cow-pock by communicating it at will to the cow.

If we agree with a great number of the

most experienced and observant physicians, in this and foreign countries, that the degeneration of the vaccine matter now in common use is demonstrated by the gradually increasing number of cases of secondary small-pox, it follows that the discovery which I have announced must be productive of the greatest benefit to mankind, and well worthy of the attention of philanthropists. On this point I cannot do better than quote the words of M. Bourquin:—"Being convinced that something still remained undone, I undertook the task, and after a long series of experiments, succeeded in solving the problem; in other words, I discovered a means of *determining what cows we can inoculate with a certainty of success.* If it be proven that the vaccine virus of the present day has degenerated, and that, as a consequence, we should return, if possible, to the original source—the cow, it is clear that an establishment in which the vaccine virus could be generated at our pleasure would be a great benefit to humanity. The question is easily reduced to its most simple terms. Is the cow-pock the best preventative of variola, or not? To contest its anti-variolous properties would be to reject the positive testimony of the most celebrated practitioners, strengthened by an experience of more than forty years. Yes: the vaccine virus is the remedy with which nature furnishes us against the ravages of a terrible and loathsome malady. But how comes it that many respectable practitioners persist in attributing the same energetic action to the virus which has undergone numerous transmissions from one person to another, and to the virus taken directly from the cow? In the latter it exists in its natural state; when transmitted it has lost more or less of its primitive energy; and hence arise the innumerable examples of small-pox after cow-pox, which have occurred in all parts of Europe within the last few years. In Germany the degeneration of the vaccine virus, and the necessity of having recourse to an original stock are universally admitted. In France the most assiduous researches are being daily made to keep up a supply from the cow, but as yet without success." The discovery, Sir, which I have announced presents a ready means of supplying an unlimited quantity of natural cow-pock, and my principal object in addressing you is to make an appeal, through your Journal, to the friends of science and humanity to aid in the formation of an establishment near London, in which the natural cow-pock could be generated at will, and from which all public charities, hospitals, and the poor, might be supplied with this infallible preventive of the small-pox. I am, Sir, &c.

BERRIER FONTAINE, M.D.

No. 3, Foley-place, June 24, 1839.

P.S. Communications on the subject may be addressed to Dr. Fontaine, Foley-place.

OBSTRUCTION OF THE URETHRA FROM A STONE.

To the Editor of THE LANCET.

SIR:—If the following case has any interest, and should be deemed worthy of a place in your valuable Journal, you will much oblige me by the insertion. I remain Sir, your obedient servant,

T. —

Hull, June 23, 1839.

An old man, æt. about 70, who had formerly been a miller, but now following no occupation, applied to me, on account of great difficulty of making water, which eventually terminated in a total suppression. Considering, from various circumstances, that it proceeded from spasm at the neck of the bladder, and never imagining it to be a calculine obstruction, I introduced a catheter, which proved ineffectual. When any attempts were made to pass the catheter along the urethra it appeared as though it was retarded by some interventional substance, about the middle of the urinary passage. The patient, however, suffering all along severe pain, was bled, and ordered immediately to proceed to bed, when he was given the following mixture:—

Castor oil, an ounce and a half;
Spirit of ether, two drachms;
Peppermint water, q. s.; two ounces, thrice a day.

I saw him the following morning; the pain very acute; bowels open; he makes water a little better, which is tinged with blood.

Calomel, three grains;
Extract of tarax., q. s.; bolus, night and morning.

Towards the evening the patient feeling something uneasy at the end of the penis, took from the urethra a large, dark, rusty-coloured stone, about the size of a kidney-bean, which he brought to me, exulting with joy, from the relief he experienced after its abduction.

Remarks.—After the bleeding the urethra became relaxed, and the operation of the medicine would, perhaps, have been facilitated if the body had been immersed in a warm bath. How far, however, this may succeed, in every particular case, I leave to the discretion of the profession to make the trial.

MINIM MEASURES.

To the Editor of THE LANCET.

SIR:—There is an evil existing in the dispensing of medicine, of no small consequence, that became known to me, by the merest chance, only a few weeks since, through which not only the reputation of the

physician and vendor of drugs, but even the health of the patient, may suffer considerably.

I think you will not be a little astonished to hear that the graduate glasses, by which prescriptions are made up, are so incorrect as to vary in several instances, and that the variation in some cases is even enormous. Of five minim measures that I had I found only *two* alike, which made *four* different sizes, and the smallest varied from the largest no less than 10½ minims in the drachm, or 60 minims, which is upwards of 1-6th, and, as the incorrectness lies principally in the lower numbers, when the quantity wanted is only half the drachm, the difference is consequently in a much greater proportion. The ounce measures I found to differ also in their marking, but not equal to the minim ones, at least the three that came under my examination.

I could scarcely credit the fact, but as I had purchased my measures from the shops of highly respectable chemists, I felt certain those in my possession were the same as were in general use; however this did not satisfy me, and I resolved to mention the circumstance to two of our first chemists, when I found that they were both aware of the evil.

A variation so enormous in a measure by which the deadliest poisons are meted to the invalid public, must have a dangerous tendency to the patient, as his health cannot but be injured if his prescription, containing drugs of a deleterious quality, which had for a time been made up at a chemist's who uses the least measure, should ultimately be taken to another who uses the graduate glass of the largest calibre; the extra quantity of poison thus poured into the stomach would, doubtless, have a mischievous effect. The credit of the vendor of drugs may also suffer, from the inverse ratio, as the draught made up by one who uses the smallest scale must fail to be equally efficacious with that which is made up in the largest measure; when the drugs of the former chemist would be considered as of an inferior quality, or that they had been deteriorated by mixing, as it would never enter the imagination of either patient or physician that the inefficacy proceeded from the difference in the measures used in making up the draughts.

Nor can the medical professor be himself perfectly free from a chance of censure, as so great a difference in the measure may mislead him in certain calculations upon the effect of his former prescriptions.

For every article of sale and purchase in the kingdom, save in the chemist's prescription, there is an Act of Parliament which ordains that a standard measure shall exist by which every one in the kingdom shall be regulated, and any vendor found transgressing, by supplying the public from one of a different grade, shall be punished; but in the compounding medicine, a thing of such vast importance, that the necessity for having a standard metre cannot fail to strike every reasoning being, in order that the medical professor may have a guide by which he can regulate his prescribing with confidence, and yet there is no standard metre existing by which the graduate of glass can be assayed.

I think your giving publicity to this letter will prove beneficial, especially if an attempt is made to remedy the evil. I am, Sir, your most obedient servant,

HENRY BRANDON.

14, Percy-street, Bedford-square,
June, 1839.

THE

FIRST ANNUAL REPORT

OF

BIRTHS, DEATHS, AND MARRIAGES.

(*An Extract from Mr. Farr's Letter to the Registrar-General.*)

THE total number of deaths registered in the half year amounted to 148,701, of which 75,159 were of males, 73,542 of females. The cause of death was assigned in 141,607 instances, leaving 7094, or 4.8 per cent, unaccounted for; but it must be added that natural death, and all vague unintelligible terms, have been referred to the latter head. It has been assumed in the subsequent tables, that the deaths in which the fatal diseases were not registered, had the same causes as those in which the causes of death were registered.

32,537 deaths were occasioned by the first class of diseases: and it will be seen that the males suffered more than females in the proportion of 4.7 to 4.6 per 1000 annually: small-pox, croup, thrush, diarrhœa, dysentery, and cholera, having proved more fatal to males than females; while influenza and hooping-cough, particularly the latter, cut off a greater number of females; and typhus, erysipelas, scarlatina, and measles, affected both sexes equally.

Of 4.651 in 1000, the mean epidemic mortality of the two sexes, 3.036, occurred principally among children, as small-pox, measles, scarlatina, hooping-cough, croup, thrush, diarrhœa; although a considerable number of adults were carried off by these diseases. Cholera, dysentery, influenza, ague, typhus, erysipelas, and syphilis, constituting the remaining 1.615 per 1000, attacked adults chiefly, although they did not entirely spare children.

Measles destroyed 4732 lives, scarlatina, 2520, hooping-cough 3044, diarrhœa 2755: but neither influenza nor cholera was extensively epidemic in this period; and small-pox and typhus were the reigning maladies.

Small-pox destroyed 5811 lives in the half-year. It will be seen subsequently that small-pox was epidemic in several parts of the country, particularly in Liverpool, Bath, and Exeter. The following were the ages at which 1056 of the deaths occurred in Bath, Liverpool, Exeter, parts of Shropshire, Worcestershire, and the metropolis.

Deaths from Small-pox.

Ages.	Deaths.
Between 0— 4	887
5— 9	99
10—14	15
15—19	18
20—29	29
30—39	5
40—49	2
50—59	1
All ages	1056

This specification of the ages may be considered an approximation to the ages of the 5811. It has a direct bearing on a very important practical question, which has recently engaged attention, namely, whether the prevalence of small-pox is due to the diminished influence of vaccination, or whether the protective power of vaccination progressively declines, so that a child vaccinated at two years of age is more susceptible of small-pox at the age of 20 or 30 than at any earlier age. The facts in the registers would decide the question if the medical attendant ascertained whether the individuals who died of small-pox had ever been vaccinated, and if this fact, and the interval between vaccination and death, were entered, which might easily be done. In the meantime it seems exceedingly probable that the majority of the 5811 had never been vaccinated, as they were very young, and when the poorer classes do not neglect vaccination altogether, they often defer it for years. Vaccination is delayed too long by all classes; it should not be practised later than the first three months, as the early deaths at Bath and Liverpool testify.

Months.	Bath.	Liverpool.	Total.
Age 0—2	5	17	22
3— 5	7	34	41
6— 8	12	42	54
9—11	9	50	59
Years.			
0	33	143	176
1	31	127	158
2	33	77	110
3	17	64	81
4	17	24	41
5	6	19	25
6	4	11	15
7	0	4	4
8	2	2	4
9	0	3	3
Above 10	10	25	35

One infant aged 10 days, died of small-pox; three were only a fortnight old.

The small-pox was raging in Liverpool when the registration began, and of 495 deaths from that disease, 129 were registered in July, 127 in August, 110 in September, 78 in October, 32 in November, and 19 in December. The epidemic was apparently declining in Bath. Of 151 who died of small-pox, 71 died in July, 60 in August, 20 in September. 36 of the cases occurred in the Abbey district, 36 in the Lansdown district, 27 in Walcot, 25 in Lyncome and Widcome, and only 7 in Bathwick, 11 in Batheaston, 9 in Tiverton. The epidemic was commencing in Exeter, where 21 died of small-pox in July, 47 in August, 64 in September; and of these 77 in St. David's district, 55 in St. Sidwell.

Under sporadic diseases of the nervous system, 21,852 deaths (15 per cent. of the total number) were registered. The mean annual rate of mortality from the whole group was 3.1 per 1000; but males suffered more than females in the proportion of 3.4 to 2.8. Paralysis, chorea, and epilepsy, were the only maladies which affected more females than males. Cephalitis, hydrocephalus, and convulsions — the diseases chiefly, but not exclusively, incidental to young children—cut off 2.4 males and 2.0 females out of 1000 living; apoplexy, .42 males, .35 females; tetanus .013 males, .003 females; delirium tremens, .025 males, .002 females. Tetanus generally follows wounds, and is, therefore, remotely caused by accidental violence, to which males are more exposed than females. Delirium tremens is, also, sometimes brought on by wounds in drunkards, and in persons exhausted by passion or misery. The insane who die in lunatic asylums have often been registered improperly under secondary diseases, such as apoplexy and diarrhœa. A considerable number of the sudden deaths, returned visitation of God, natural deaths, &c., at inquests, are apoplexies; but the proportion is unknown. Convulsion comprises a great proportion of very young infants. It is a frequent termination of all infantile diseases, and probably includes several diseases undeveloped, or the result of diseases of the epidemic class, for it is subject to great variations in different places.

The notes mention some singular causes of death under this head. Ten deaths—nine of females, one of a male—are ascribed to mental emotions of one kind or other; seven to fright; one to grief for the death of a son; and two to a broken heart. It is well established that grief and distress are the roots of various organic diseases, and many cases are recorded in which sudden mental shocks have destroyed life, or induced madness. Where life is destroyed instantly, the connection of the shock with the death is less equivocal than in cases where a considerable interval elapses be-

tween the two events. It happens that in two of the cases the alleged cause, as well as the deaths, were recorded. A female, aged 63, it is said, died November 7th, from trouble for the death of her son; and from another page of the register it appears that the son's death occurred October 30th. Again, the death of a female, aged 41, on November 14th, is ascribed to "fright," occasioned by the sudden death of her brother; and her brother died on the 19th of October.

38,522 deaths were attributed to diseases of the respiratory organs, or 27 per cent. of the total number of deaths. The mortality of males and females was the same—5.5 per 1000 annually. Bronchitis, pleurisy, pneumonia, hydrothorax, and asthma, destroyed more males than females out of the same number living; consumption and decline more females than males, in the ratio of 4.155 to 3.771. Decline comprises a few cases of atrophy and organic diseases of the intestinal canal; but the majority were evidently cases of true consumption—tubercular phthisis, to which some of the cases under hæmorrhage, improperly designated "rupture of a blood-vessel," should also be referred. The deaths from this dreadful malady amounted to 27,754 = 20 per cent. of the total number of deaths; or nearly 4 annually, out of 1000 living. Pneumonia, which it must be recollected includes "inflammation of the chest," was next in fatality to phthisis; but young children furnished the majority of the cases: of 379 fatal cases of pneumonia in the metropolis, and in some county districts, 228 were children under three years of age. Several of the cases were also evidently the sequelæ of hooping-cough and measles.

Under the fourth class, 1596 deaths were registered. The mortality of pericarditis was the same in both sexes; aneurism was nearly three times as fatal in males as in females; and of the entire class the mortality of males and females was as .262 to .195 per 1000. The proportion of deaths ascribed to heart diseases is much below that stated by Dr. Clendinning, and much below the truth. A great number of the dropsies and sudden deaths, and apoplexies, are the effects of hypertrophy and valvular diseases. Rheumatism is rarely fatal, except when it seizes on the heart. Angina pectoris was met with 13 times,—6 times in males, 7 times in females. The heart was ruptured in 3 males.

5115 males and 4735 females died of disease of the digestive organs, and the annual rate of mortality in the males was 1.5, in the females 1.3, out of 1000 living. Nearly all diseases of the intestinal canal proved most fatal to males, so did jaundice and all the diseases of the liver, except hepatitis. Hernia is much more common in males than females, yet the mortality in the two sexes —.044 and .029 per 1000—did not differ so widely, and the reason of this is, that the bowel when it does escape is much more liable to strangulation in the hernia of females than in the hernia of males.

In a classification purely topographical, the deaths from thrush, diarrhœa, dysentery, and cholera, should be added to the diseases of the digestive organs; which would raise the mean annual mortality of the class from 1.41 to 2.07, or if typhus were also added, to 3.36 per 1000.

No case of painter's colic was distinguished. Constipation comprises deaths by intussusception, 11 males, 10 females; ileus, 3 males, 3 females; stricture of the œsophagus, 8 males, 22 females; stricture of the rectum, bowels, and pylorus, 7 males, 6 females. The stricture would be produced in many cases by cancerous diseases. 30 cases of hæmatemesis were registered, 18 males, 12 females.

Diseases of the urinary organs destroy five times as many males as females,—the rate of mortality of the two sexes, under this head, having been .199 and .037 per 1000. The disparity has been ascribed to mechanical causes; but will a mechanical explanation account for the fact that 68 males and only 27 females died of diabetes? Dr. Yelloly, in a paper published in the "Philosophical Transactions," estimated that 1 in 108,000 persons was cut annually for stone in England and Wales. It appears from the table that 47 in 1,000,000 males, and 5 in 1,000,000 females, die of stone and gravel. The latter, it must be admitted, is a vague term in popular language; but the mortality from stone is certainly 1 in 100,000 annually. Bright's disease is registered "Disease of the Kidneys." The coagulability of the urine is often undetected by careless practitioners. A female child, aged two years, is stated to have died *suddenly* of diabetes.

1265 females died in child-bed, and the greater proportion of puerperal fever. According to an estimate by Dr. Ferguson, this insidious disease occasions "seven-eighths of the total mortality in child-bed." The annual rate of mortality by child-birth, in females, is 3.55 in 10,000, or in females, at a child-bearing age, perhaps 0.8 per 1000. If the number of births and miscarriages in the period was 290,000, nearly 4 in 1000 were fatal to the mothers. It is greatly to be regretted that in the present state of medical science 2500 women die in child-birth every year in England and Wales. It will be seen subsequently that the chance of death is nearly doubled or diminished one-half in certain circumstances.

One female died of extra-uterine fœtation; one of hæmorrhage from rupture of the fallopian tube; one of apoplexy in child-birth; one, aged 20, of child-bed and rheumatic fever.

Although the bones, muscles, ligaments,

and tendons, constitute so much of the bulk of the body, the diseases of the entire motive system scarcely prove more fatal than the diseases of the kidneys and bladder; including rheumatism, the mortality is .000133. The bones are, notwithstanding, very liable to mechanical injuries, and several of the violent deaths are the result of fractures. Lumbar abscess and diseases of the joints are the principal items under the head "disease."

Two hundred and sixty-four deaths occur under diseases of the skin, and of these 23 were of purpura hæmorrhagica; 7 of leprosy. Thirteen cases of scurvy should have been classed under the next division, had the term not evidently been used several times in the popular sense—scurvy—a scurfy cutaneous disease, and applied to very young children. Carbuncle and fistula are most common in males,—14 males, 5 females having died of the former, 39 males, 12 females of the latter disease. In a topographical arrangement small-pox, measles, scarlatina, and erysipelas, should be added to diseases of the integumentary system. In that case the mortality would be 1.976 per 1000; and it is a curious coincidence that the mortality from all the diseases of the digestive organs is nearly the same—2.067. The diseases of the connected internal and external membranes are equally destructive; but the mortality from diseases of the two systems together is only 4., while that from diseases of the respiratory organs is 5.5 per 1000.

16,207 diseases of indeterminate seat were registered; and the mortality of the two sexes from the entire class was almost the same—2.310 and 2.322 annually, out of 1000 living; yet in some diseases there were great differences in the two sexes. Hæmorrhage—the effusion of blood—was the most frequent in males, in the proportion of .107 and .060; dropsy—the effusion of serum—was the most fatal in females, .882 females and .711 males having died of dropsy out of 1000 living. 14,105 deaths were ascribed to inflammations; the annual rate of mortality of males was .00218, of females .00186, mean .00202; 1-10th of the fatal diseases were inflammations of one part or other. In deaths from abscess, mortification, and scrofula, the males exceed the females. With the next in the class the reverse happens, 873 females and 355 males having died of carcinoma. Tumour should probably be added to carcinoma in many instances; the proportion of the two sexes was 14 males, 23 females. Debility is composed chiefly of premature or weakly infants; and it is well known that male infants and the male fœtus die in greater numbers than individuals of the other sex. Malformation is also more common in males than in females; the males, whose deaths were caused by malformation, amounted to 75, the females to 41. Males are, according to the registers, more intemperate than females, as the deaths of 70 males and of 15 females were ascribed directly to intemperance; of 67 males and 12 females to gout; of 86 males and 9 females to delirium tremens (in the second class). It will be seen with regret that in the half-year the deaths of 63 individuals were ascribed (principally at inquests) to starvation; this is almost 1 annually to a population of 111,000. The want of food implies the want of everything else (except water), as firing, clothing, every convenience, every necessary of life, is abandoned at the imperious bidding of hunger. Hunger destroys a much higher proportion than is indicated by the registers in this and in every other country; but its effects, like the effects of excess, are generally manifested indirectly, in the production of diseases of various kinds. The privation is rarely ever absolute; the supply of food is inadequate to supply the wants of the organisation, which requires daily animal or vegetable matter containing not less than nine ounces of carbon.

All the sudden deaths are cases in which inquests were held. They would have been more numerous in the abstract, and so would the violent deaths, had it not been for some difficulties attending the registration of inquests. What is the nature of the sudden deaths, of which, notwithstanding, it appears in the abstract that .184 males and .118 females per 1000 die annually? It will be observed that the proportion of sudden deaths is 56 per cent. higher in males than in females; the mortality in apoplexy is 19 per cent.; in hæmorrhage 78 per cent. higher in males than in females. It is probable, therefore, that sudden death is frequently the effect of hæmorrhage. It is certain that sudden death sometimes happens without any appreciable change in the organisation, at least any change which a rude, cursory, post-mortem examination can detect; and it is not improbable that a certain number of cases of poisoning escape undetected by the coroners and the juries, who can be expected to know little of the symptoms either of poisons or disease, and are very rarely assisted, as in other countries, in their decision by the information which a careful examination of the body and an analysis of the contents of the stomach would furnish. The result of this negligence is that little is known positively of the causes of sudden death; and the facility of procuring all the more intense poisons, as well as the prospect that the effects of poisoning *may be* confounded with natural causes, offers a strong temptation to the commission of that dreadful crime. Coroner's inquests are also held upon all prisoners who die in gaols, and the ordinary verdict is "Natural death;" whence it would appear that the inquest in gaols is at present very much a matter of form, although it was no doubt in-

stituted to ascertain the real cause of death, whether it were a common disease, or gaol fever, or dysentery, or violence. The causes of death registered as the result of a solemn, juridical investigation, are the most unintelligible in the register; as it is impossible to attach a specific idea to "Natural death," to "Visitation of God," and to several other phrases in use in coroner's courts.

As the age is precisely expressed in the registry, "old age" is an unnecessary and often an inaccurate term. But the diseases of the aged are exceedingly fatal, and the symptoms in their feeble functions are often masked, so that a pneumonia will run through its course without attracting attention. The term "old age" must, therefore, be preserved until considerable progress is made in the diagnosis of the diseases of old people. 5674 males and 7017 females were registered under old age; and I am not prepared to assert that in some instances vitality did not recede before tranquil, insensible decay.

4845 violent deaths, 3605 of males, 1240 of females, were registered; and the annual mortality of males and females under this head was 1.048, and .348 per 1000, the males having suffered three times as much as females. The excess of males was 2365, and it more than counterbalanced the mortality of child-birth. If all the violent deaths had been entered in the abstract, the mortality of males under this head would have probably equalled the mortality from typhus. This deserves attention. The individuals carried off by violence, typhus, consumption, and child-birth are in the meridian of life; and in a political sense their lives are of the highest value. Drowning in rivers and in the sea, burning, injuries in manufactories, explosions in mines, are frequent causes of violent deaths. Suicides are included under this head; the ages and sex of 44 were distinguished.

Ages of 44 Suicides.

Age.	Males.	Females.	Both Sexes.
10—20	1	5	6
20—30	5	7	12
30—40	0	2	2
40—50	3	3	6
50—60	4	8	12
60—70	1	3	4
70—80	0	2	2
All ages ..	14	30	44

The notes to this section contain some curious causes of death. Six children, four males and two females, died in consequence of drinking boiling water from the spout of the tea-kettle, an accident which happens too often, and from which children would be saved, as well as from one still more frequent (burning), by a good fire-guard.

UNIVERSITY COLLEGE HOSPITAL.

EXTENSIVE BURN OF THE ARM, REQUIRING AMPUTATION.

T. J., aged eight, was admitted March the 11th, under the care of Mr. Liston. About two years ago he accidentally set his clothes on fire, and severely burnt his back, neck, arm, and forearm. The back and neck healed up in about four months; the sore about the elbow has not healed up to the present time. The arm is now flexed, and cannot be straightened. A large sore exists about the elbow-joint, extending three inches up the arm, and two inches down the forearm.—Water-dressing to be applied.

April 5. Discharged much better.

June 5. Readmitted to-day. The cicatrix from the burn occupies the whole of the arm and forearm. The elbow remains flexed, but the wound upon it is not healed. General health suffering from the continuous discharge and irritation.

7. Mr. Liston removed the arm above the elbow, by the double-flap operation; a considerable obstacle to the proper shape of the flaps was presented by the leather-like consistence of the integuments; three vessels were tied.

13. Two of the ligatures came away to-day.

14. The remaining ligature was easily removed.

22. Doing very well.

Mr. Liston observed, that in burns, when the skin was destroyed to a great extent, it was difficult to keep the parts in such a position as to favour cicatrisation, without the production of deformity. This was more particularly the case in the neck and upper extremities. Sometimes, in spite of the greatest care, deformity would ensue by the position parts were brought into by the bands of cicatrisation. Occasionally in the neck the division of these bands by the knife had the effect of materially lessening the deformity, but the operation was not uniformly successful. This was the case also in the upper extremity. Occasionally the burn was so extensive, as in the case under observation, that cicatrisation could not be brought about at all. When the patient left the hospital, two months since, some progress had been made in the healing of the sore, and he went into the country. He returned, however, again, with his arm in as bad a state as ever, and his general health much deteriorated. From the situation of the sore and its extent it was impossible to heal it; the arm could not be extended; amputation was the only means left that could be properly resorted to.

SEVERE BUNION, REQUIRING AMPUTATION OF THE TOE.

T. M., aged 69, was admitted April 16, under the care of Mr. Liston. Has suffered

from bunion at the ball of the great toe of the left foot for years; it has occasionally become inflamed, and has obliged him to lay up. A short time ago the skin over it ulcerated. There was, on his admission, an ulcer the size of a shilling, over the metatarso-phalangeal articulation, with some sloughy tendinous structure in it, and the probe detects the proximal end of the phalanx to be bare; the whole foot is much swollen, tense, and red.—Water dressing.

24. An incision was made on the inner side of the foot, and exit given to a good deal of matter of unhealthy appearance.—Continue the dressings.

May 19. The appearance of the foot is so much improved that Mr. Liston recommends the removal of the great toe.

22. The great toe, with the distal extremity of the metatarsal bone, was removed; several arteries were tied.

June 23. Has been doing well up to the present time.

CHARING-CROSS HOSPITAL.

REMARKABLE CASE IN WHICH A PERSON LIVED FOR SOME TIME AFTER THE ESCAPE OF FÆCES INTO THE ABDOMINAL CAVITY.

M. A. T., aged 15, of fair complexion, was admitted on the 10th April, under the care of Dr. Chowne. She had been in pretty good health until about two years prior to her admission; the first indications of failing health were pain about the chest, attended by slight cough, and great disinclination to take exercise. She suffered from no specific kind of disease; had never been laid up, and had not menstruated.

At the time of her admission she had the general appearance of a person wasted by tabes mesenterica; the expression of her face was anxious and irritable; the skin was dry and scurfy; the mind dull and torpid; the whole system languid; the hands were dry and feverish; the cheeks flushed, and the lips parched; the tongue was brown, but not dry; the bowels had been habitually costive; the urine was rather scanty, but natural. She had no particular pain except in the abdomen, and here it was of a dull kind generally, though sometimes it was acute, and it was always increased by the efforts to evacuate the bowels. The abdomen was large, but not tense; dull on percussion all over, but more especially in the lower part. The presence of fluid was indicated by fluctuation, and that it was in large quantity was proved by the umbilicus being raised even with the surrounding surface. There was slight hacking cough, but little expectoration; the thorax, on percussion, was natural; respiration was very feeble, and above the clavicles inaudible; there was bronchophony and slight mucous râle in some parts. On the day of her admission she was purged with calomel and rhubarb; this was repeated on the following day; the bowels were moderately opened; the urine was scanty.

April 12. She was much the same. The following mixture was prescribed:—A drachm of the nitrate of potash; half a drachm of spirits of nitre; two drachms of vinegar of squills; and seven ounces of water. Of this three tablespoonfuls were taken every four hours.

18. General state same as at last report; the alvine evacuations green and slimy; bowels uneasy and irritable. The following pill was ordered every fourth hour:—One grain of blue pill, a quarter of a grain of opium, and two grains of powder of squills. The mixture was continued.

23. The medicines last prescribed have been continued with slight variations. She has been frequently sick, and has vomited up a greenish, glairy fluid.

24. During the last five days the abdomen has been measured daily, and it is found to have gradually increased in size. The umbilicus has become elevated above the surrounding surfaces, and the integument is extremely thin. During the night of this day an opening suddenly took place in the centre of the umbilicus, and the bed was deluged with a quantity of semi-fluid fæcal matter, which poured from the opening. The odour of the matter so discharged was excessively offensive, and undoubtedly fæcal; indeed, the evacuations from the bowels had not so much the character of fæces, except that there were occasionally in the latter small portions of solid fæcal matter. No particular change took place after the escape of the fluid from the abdominal cavity, except that the pain in this region was much mitigated. After this, however, there was a general sinking; all the vital functions were daily performed, but it was with much diminished energy. The breathing became scarcely audible; the pulse was hardly to be detected; the eyes became exceedingly dull and sunken; and the countenance collapsed. The intellect, however, was at no time materially impaired. From the 24th there were daily discharges of a similar character from the same source. The treatment consisted in the use of wine and cardiac medicines, in addition to nutritious diet. She sunk gradually, and died on the 5th of May.

Appearances twenty-four hours after Death.

Thorax.—The general appearance of the lungs, externally, was healthy. There were adhesions of the pleura pulmonalis to the pleura costalis on both sides; on the left by tenacious, but delicately ductile membrane; on the right by a somewhat firm close adhesion. There were small tubercles in the

apices of the lungs. The heart and pericardium were natural.

Abdomen.—On laying open the abdomen it was found to contain three or four pints of semi-fluid fæcal matter, similar to that which had been daily discharged; the fluid was perfectly natural in appearance, as if the processes of digestion had been well performed; there was the due admixture of bile. The intestines formed one solid mass, lying upon the vertebræ, as if compressed and agglutinated together; they did not extend either into the lateral parts of the abdomen, or into the pelvis. The rectum was the only portion that passed below the last lumbar vertebræ; the whole mass might be covered, or nearly so, with the spread hand. The parietes of the abdomen, of the pelvis, and the under surface of the diaphragm, were everywhere covered, even after the parts had been drained, with fæcal matter, which adhered so closely as to seem engrafted into them, and to resist the application of the sponge and washing for its entire removal. There was no distinguishable omentum, and the intestines formed a confused mass. On the surface of this mass were several brownish patches, resembling the everted skins of raisins; these proved to be the inverted edges of openings into the small intestines; they were about ten in number, varying from one-third of an inch to an inch in diameter, and having orifices about equal in size to a small goose-squill. The stomach was with great difficulty dissected out from the mass; it was rather small; the outer surface was natural, except that it had a dark tinge, corresponding with that of the part in which it was imbedded. The internal surface was natural, except that there was a portion, equal to about the palm of the hand in size, in which were observed vivid yellow stains, as if from bile, intermixed with florid red, in the mucous membrane. The membrane was, however, firm, and there was no ulceration. The contents of the stomach were of a deep-yellow colour, bordering on green, of the consistence and appearance of mucus; the quantity small. The cardiac orifice was natural; the pylorus was contracted, but not thickened or hardened. The duodenum, and other small intestines, did not admit of being laid open, except in parts, in consequence of the confused manner in which they were involved in the disease; they contained matter similar to that in the cavity of the abdomen. The large intestines were laid open through their entire course, but *in situ*, as they could not be separated from their adhesions. The caput coli contained from about five to six ounces of perfectly solid fæcal matter, quite natural in appearance, except its more than usual hardness; the remainder of the large intestines contained merely colourless mucus and a few portions of substance, similar to that occupying the cœcum. The liver was healthy; the surface of this viscus was the only part to which the fæcal matter did not closely adhere. The kidneys, ureters, and bladder were normal.

Dr. Chowne remarked of this case, that at the time this patient came under his care, on the 5th of April, fluctuation was distinct in the abdomen, leaving no doubt that several pints of fluid were within. We might conclude, he thought, that from the 5th of April to the 5th of May, as the abdomen kept gradually enlarging, that that cavity had been the common receptacle of the contents of the intestines; and, as there was evident fluctuation before the first-named period, and as there had previously been a sense of enlargement, it was probable that the abdomen was the receptacle of the fæces long before.

FOREIGN HOSPITAL PRACTICE.

LA CHARITÉ.

CONCUSSION OF THE BRAIN.—FRACTURE OF THE SKULL.—CURE.

June 11, 1838. — Coulon, aged 32, a servant, was yesterday brought into this hospital, in consequence of having fallen from his horse the day before. He fell on the left side of his head; was insensible for a quarter of an hour; got on his horse again, and fell twice afterwards. Was bled and leeched freely the same day. Sixty leeches have been applied behind the ears. At present the pulse is a little increased in its frequency, but is not full. The skin is not increased much, if at all, in its heat; the pupil is natural, and acts under light; he can see very well. He is in a state of cerebral excitement; for, although he answers questions, his answers are frequently very incoherent, and given in a hasty and irritable manner. He turns away from his examiner; his eyes are kept closed, and his pupils are directed upwards, under the superior eyelids. There is an extensive ecchymosis over the left temporal region; also ecchymosis in each palpebral region, but no other external sign of fracture of the skull. No paralysis. Is it fracture? Not clearly. Extravasation of blood under the dura mater? Not clearly. Is it contusion of the brain? Not clearly. It is, probably, a case of concussion of the brain; perhaps slight contusion is added; and if there is an effusion of blood within the skull, it must be of very small amount, and very equably diffused. On account of ecchymosis of the eyelids, it is not very improbable that there is a fissure of the anterior part of the base of the skull without displacement. He is obliged to be confined with the strait-waistcoat. As he has been very freely bled and leeched, he is to have a very large blister over the whole of his head.

June 12.—Third day. The ecchymosis of the palpebral regions is much extended; there is still an intolerance of light. The pulse is not full, although it is a little quickened; no paralysis. The blister upon the scalp has risen well. Altogether he is to be considered to be in a worse and more dangerous state than yesterday.

13. Is much the same; rather less comatose. Is pretty tranquil during the day and night.

14. Answers questions in a very rational manner. The pulse is quick, the skin cool, but he wanders a good deal during the night.

15. Skin natural; tongue moderately white; pulse 60; but he is very unwilling to be roused, and appears to be much disposed to sleep heavily.

18. Is much the same. Slight wandering at night. Indisposition to answer questions. His answers are occasionally rational, and at other times much the reverse. No inflammatory reaction. Complains of pain in his head and general soreness, so that he is unable to sit up.

21. Is much better. Can sit up a little. Complains much of headach. Ecchymosis diminishing round the eyelids.

24. Better. Still complains of headach and pains in his limbs.

28. Is able to walk about. The ecchymosis is nearly subsided.

Discharged, cured, a few days after.

M. VELPEAU'S METHOD OF CLINIQUE.—A LESSON FOR LONDON HOSPITAL SURGEONS.

In the first place, he mentions the cases of those patients who have gone out since the last visit, making such remarks upon each as shall complete the histories of their cases, and the observations he may have made upon them.

Secondly. The cases of those who have entered since his last lecture, describing the cases, his diagnosis, prognosis, and the proposed treatment; the number of the bed is always mentioned.

Thirdly. Any observations he may have to make on cases under treatment in the hospital, in such a manner that the student who is constant in his attendance at the visit and lecture can, by this means, keep a very accurate and minute history of the cases.

Fourthly. If he is lecturing upon any particular disease he resumes his course where he had left off at the last lecture.

Fifthly. When there is an operation he refers to the history of the case, gives his opinion, and reasons for the selection of the mode of operation to be pursued, and describes the operation he proposes to perform; and when it has been finished, and the patient dismissed, he will either make such observations upon what he observed in the progress of the operation, or leave it till the ensuing day.

*** It is the duty of the senior interne to furnish the surgeon with a list of those patients who have entered, and those who have gone or are going out, with their names, ages, professions, number of the bed, nature of the disease, and its duration.

VARICOSE STATE OF THE SAPHENA VEIN, RESEMBLING A CRURAL HERNIA.

July 5, 1838. L. Grenot, a poulterer, suffers from a varicose state of the veins of the left leg. The veins are enormously distended; there is some ulceration of the front of the middle part of the leg; skin rough, and of a dark-brown colour. Between the knee and the groin the saphena vein is not much enlarged, but at the head of the thigh, in the situation of the saphenous opening, there is a large and soft tumour, which consists of a varicose enlargement of the upper part of the saphena and femoral vein. When he stands upright the swelling is very greatly increased, so as to be as large as an egg. It is soft and easily compressed. No impulse on coughing. He has had the complaint ten years, and has worn a truss, but without any effect.

SINGULAR VARICOSE STATE OF THE VEINS OF THE NECK.

June 22, 1838. P. Barana, aged 17, an Italian, has a varicose state of the veins which run along the inner border of the right sterno-mastoid muscle. This state has existed since his birth. Some of these veins are very large and tortuous, others are very small, and so numerous as to resemble rather the structure of an aneurysm by anastomosis. This varicose state of the veins of the neck extends from the margin of the lower jaw to the right sterno-clavicular articulation. The swelling of the veins increases during exertion and when the breath is held, and diminishes under the contrary circumstances. The external jugular is unaffected.

The boy is in the hospital on account of the abscess in the nasal region, a small subcutaneous abscess of fifteen days standing, occupying the surface of the right nasal bone. Abscess opened.

This would prove an awkward case where it should be deemed necessary to ligature the common carotid, or subclavian, of the right side.

BRITISH MEDICAL ASSOCIATION.

Tuesday, June 25, 1839.

Dr. WEBSTER, President, in the Chair.

THE minutes of the last meeting having been read and confirmed,

Henry Smith, Esq., Torrington-square, was admitted a member of the Association.

A letter was read from Mr. Cocks (a member of the Association), of Hatfield Broad-

oak, complaining of the contract system, which has been had recourse to in the Dunmow Union.

An interesting communication was received from Dr. Fearnley, of Dewsbury, on the arrangements respecting the Poor-Law Medical Attendance in that neighbourhood.

A letter was read from the Nottingham Branch, which was to be answered as soon as convenient.

The President communicated a letter from Dr. Maunsell, of Dublin, after which was read to the Council the resolutions passed by the Medical Congress lately held in that city, which gave rise to some interesting discussion.

Several communications on the subject of quackery were read; among which two from Bristol, containing lists of unqualified practitioners.

The President having left, the chair was taken by R. DAVIDSON, Esq., V.P., when it was

Resolved—"That the members of Council be specifically summoned to consider the resolutions passed at the Congress of Medical Men held at Dublin on the 29th ult., and whether any, and what notice should be taken by the British Medical Association of these resolutions."

Resolved—"That in order to enable the Council to act in accordance with the preceding resolution at the ensuing meeting, and consistently with the great and proclaimed principles of the British Medical Association, it is expedient that the outlines of the intended Bill for the general measure of Medical Reform, be laid on the table, and that the Secretary be instructed to request the President to procure the same."

Resolved—"That the foregoing resolutions be sent to THE LANCET for publication."

The meeting then adjourned.

APOTHECARIES' HALL.

LIST OF GENTLEMEN WHO HAVE RECEIVED CERTIFICATES.

Thursday, May 23, 1839.

Robt. Crowther, Manchester.—Francis Spencer, Chippenham.—Robert Hole, Timberscombe, Somerset.—James Peterkin, 25, Cleveland-street, London.—Henry Raven, Litcham.—Horace Purdy, Norfolk.—Edward Halford, Alveston.—James Bennett, Plymouth.—Oliver Mauger, Guernsey.—Thomas Lewis, Carmarthen.—John Bredall, Tavistock.—William Skinner, Sheffield.—John Francis Steedman, Dublin.—William White, Manchester.—Jas. Bedingfield Bryan, Stowmarket.—Henry John Wolstenholme, Holywell, Flintshire, N.W.

Thursday, May 30.

John Nathaniel Barlow, Writtle, Essex.—Herbert Diaper, Portsmouth.—Thomas Pearce Beavan, Banbury.—Henry Hensley, Bath.—John Chadwick, Lancashire.—John Smith Gaunt, Alvechurch.—George Devereux Harrison, Welshpool, Montgomeryshire.—Peter John Thompson, Newcastle-on-Tyne.—Richard Hindle, Blackburn, Lancashire.—William Edward Coyte Bishop, Norwich.—Peter William Leather, Prescott.

Thursday, June 6.

Edward Robert Lock, Debenham, Suffolk.—Geo. Harvey Betts, Watford, Herts.—John Roycraft.—Robert M'Leowaan.—William Shuttleworth, Manchester.—John James Wright, Stamford Bridge, near York.

Thursday, June 13.

Charles Durie, Blackburn.—Richard Saville Jackson.—Robert Denmark.—George Mackrell Nealds, Ripley, Surrey.—George Thompson Cooper.

Thursday, June 20.

Bartholomew Gidley, Plymouth.—Arthur Foster Morris Morgan, Norwich.—Robert Pell Rew.—Henry Imlach.—Henry Dussutoy, Petersfield.—Robert Richard Clay, Wandsworth-road.—James Edward Male, West Bromwich.—Mark Anthony Robinson, York.

LITERARY INTELLIGENCE.

PREPARING for publication, the Connection of Physiology, Pathology, and Therapeutics; treated aphoristically, and illustrated by Original Experiments and Cases; and destined for the use of the clinical student and young practitioner.

BOOKS RECEIVED.

Vital Statistics, from Macculloch's Statistics of the British Empire, 2nd edition.—[We understand that this able and laborious article is from the pen of William Farr, Esq.]

Lectures on Diseases of the Eye. By John Morgan. Illustrated by coloured plates. Highley, London, 1839. 8vo. pp. 221.—[We shall bestow an early notice on this excellent manual of diseases of the eye, which in the meantime we recommend to all students and practitioners.]

An Inquiry into the Morbid Effects of Deficiency of Food, &c. By Richard Baron Howard. Simpkin and Co., London, 1839.

A General Outline of the Animal Kingdom, and Manual of Comparative Anatomy. By Thomas Rymer Jones. Van Voorst, London, 1839. Part VI.

The Medical Portrait Gallery, &c. By Thomas Joseph Pettigrew. Whittaker and Co., London, 1839. Part XVI.—[This part contains portraits with memoirs of Drs. Cruikshank and Annesley.]

TO CORRESPONDENTS.

A Constant Reader. A Licentiate of the Hall *can* be appointed medical officer, inasmuch as men have been appointed who were neither licentiates nor members. The College of Surgeons do not require candidates to have been apprenticed.

The reply of *Mr. Quekett* to F. B. came too late for publication this week, but shall appear in our next Number.